

CHILD CARE LICENSING POLICY HANDBOOK

Last updated September 2016

Table of Contents

SECTION 1 Introduction To Licensing2

SECTION 2 The Licensing Regulations.....13

SECTION 3 Sample Forms39

SECTION 4 Resources68

SECTION 5 Emergency Preparedness.....110

SECTION 6 Administrative Rules and Codified Laws.....137

**THE LICENSING POLICY HANDBOOK
SECTION 1 –INTRODUCTION TO LICENSING**

	Page
Introduction	3
Categories of Licensed Child Care	4
Child Care Services Licensing Offices	5
The Licensing Process	6
Step 1: The Floor Plan Review	6
Step 2: The Application	8
Step 3: The Program Inspection	8
Step 4: The Facility Safety Inspection	9
Step 5: Issuing the License	10
Step 6: Maintaining the License	10
Flow Chart of Licensing Process	12

South Dakota has often been cited as having the highest percent in the nation of children under age six with all available parents in the labor force. South Dakota's working parents are a key element to the growth and wellbeing of the state. Another key element to the stability of South Dakota's workforce is the presence of early childhood professionals. As parents work each day outside their homes, quality care is needed to nurture and protect their children while they are away.

Licensing is a means of reducing the risk of harm to children in licensed programs by establishing and enforcing regulations that require maintenance of minimum standards of care. The licensing regulations consist of South Dakota Codified Laws (SDCL) and Administrative Rules of South Dakota (ARSD). The ARSD Chapters are given to each program at initial licensure and a new copy is provided to the program each year. The ARSD Chapters pertinent for each type of licensed program can be found in Section 2 of this handbook. They can also be found online in their entirety at <http://dss.sd.gov/childcare/licensing/> under each type of licensed program listed. A list of SDCL pertinent to licensed care can be found in Section 2 of this handbook or online at http://www.sdlegislature.gov/statutes/Codified_Laws/QuickFind.aspx

Licensing is a form of consumer protection that decreases a child's exposure to risk of fire, unsafe buildings, disease, injury, unsafe play equipment, etc. The licensing regulations can be seen as *daily working tools* that help child care providers to remain alert to hazards and be safety conscious.

Because the licensing regulations are the minimal requirements to be met, they do not guarantee a quality program. Progressive child care programs are not typically satisfied with meeting only the minimal regulations, therefore they are constantly striving to go above the minimums for the children entrusted to their care.

Categories of Licensed Child Care

Group Family Day Care (GFDC)	Day Care Center (DCC)	Before and After School Care (B&A)
<p>South Dakota law 26-6-14 defines a Group Family Child Care home as:</p> <ul style="list-style-type: none"> • Care provided for 13-20 children • A service located in the providers own home or in a separate facility • Care provided for part of a 24-hour period as a supplement to regular parental care • If the child care is located in a family home, the maximum number of children does include the provider's own children who are under six years of age 	<p>South Dakota law 26-6-14 defines a Child Care Center as:</p> <ul style="list-style-type: none"> • Care provided for 21 or more children • A service most often located in a separate facility but can be located in the provider's home • Care provided for part of a 24-hour time period as a supplement to regular parental care • If the child care is located in a family home, the maximum number of children does include the provider's own children who are under six years of age 	<p>South Dakota law 26-6-14 defines a Before and After School Care program as:</p> <ul style="list-style-type: none"> • Care provided on a regular basis before and/or after regular school hours • Care provided in a school or in a separate facility • Care provided for part of a 24-hour period as a supplement to regular parental care • Children of staff who work in the program count in the maximum number of children allowed
Additional Factors Regarding GFDC	Additional Factors Regarding DCC	Additional Factors Regarding B&A School.
<ul style="list-style-type: none"> • Have a qualified staff person that plans and oversees the implementing of the daily activities • All staff receive orientation training within 90 days of hire • All staff receive 10 hours of training annually • Establish written policies • Inspections are conducted at least once per year • May be eligible to receive reimbursement through the Child and Adult Care Food Program 	<ul style="list-style-type: none"> • Have a qualified staff person that plans and oversees the implementing of the daily activities • All staff receive orientation training within 90 days of hire • All staff receive 20 hours of training annually • Establish written policies • Inspections are conducted at least once per year • May be eligible to receive reimbursement through the Child and Adult Care Food Program 	<ul style="list-style-type: none"> • Care is provided to school age children only. If preschool children are in care, the program must meet DCC requirements • Have a qualified staff person that plans and oversees implementation of the daily activities • All staff receive orientation training within 90 days of hire • All staff receive 10 hours of training each year • Establish written policies • Inspections are conducted at least once per year

Additional Factors Regarding All Facility Types

- Based on state law, all of the above facility types must be licensed regardless of their funding source or whether or not there is compensation received for the services;
- Licensing requirements are met and a license issued before the care of children begins;
- Commercial Liability Insurance coverage is obtained
- Child to staff ratios are met at all times

Child Care Services (CCS) Licensing Offices

The CCS licensing offices listed below will provide key licensing support and assistance to new and existing child care programs and before and after school programs. To obtain copies of licensing rules and materials and/or to receive assistance with licensing issues, contact your local CCS office.

Aberdeen626-3160 or 1-866-239-8855
3401 10th Avenue SE, Aberdeen, 57401-8000

Brookings*688-4330 or 1-866-267-5228
1310 S. Main Ave, Suite 101, Brookings, 57006

Pierre** 773-3612 or 1-800-226-1033
912 E. Sioux Avenue, Pierre, 57501

Rapid City394-2525 or 1-800-644-2914
510 N. Cambell, PO Box 2440, Rapid City, 57709-2440

Sioux Falls367-5444 or 1-866-801-5421
811 East 10th St. Dept. 6, Sioux Falls, 57103-1650

Mitchell.....995-8000 or 1-800-231-8346
116 E. 11th Avenue, Mitchell, 57301

*CCS Licensing Supervisor is located in the Brookings Office

**CCS Assistant Division Director, who provides policy and procedure technical assistance to CCS licensing, is located in Pierre

See the Child Care Services website at <http://dss.sd.gov/childcare/> for more information on licensing coverage areas.

The Licensing Process

The following pages provide an overview of the licensing process from the initial inquiry to the issuance of the license, for each of the three types of licensed facilities: Group Family Day Care Home, Day Care Center and Before and After School Programs.

Reminder: A program caring for 13 or more children is required to have a license *before* operating.

The licensing specialist should be one of the main contacts during the start-up of a program. There are several steps to the licensing process and the licensing specialist can provide assistance through each step. The steps involved in licensing are outlined in the following pages.

STEP 1: THE FLOOR PLAN REVIEW

One of the first steps in the licensing process is the floor plan review of the building to be used for care. The materials contained in the initial inquiry packet include a Floor Plan Review Process and Program Proposal Handbook. This handbook explains in detail the information needed for the floor plan review process.

Why a Plan Review? The floor plan review is completed in order to verify that the building meets fire and life safety codes as well as building codes, and to determine the maximum capacity of the licensed program. The floor plan review process must be completed before a license is issued and before the program begins operation. Some South Dakota cities also have requirements for operating a program, contact the local city government office for information on their requirements.

Timely Review. Submitting floor plans as early as possible and ensuring the plans contain all information outlined in the Floor Plan Review Process and Program Proposal Handbook will help ensure a review is completed as quickly as possible.

A plan that is missing information, as outlined in the Floor Plan Review Process and Program Proposal Handbook, can delay the review process and therefore the licensing process.

Child Care Services (CCS) depends on two other state agencies to complete these reviews. These agencies work diligently to respond quickly but their response time depends on the number of reviews they receive each week.

Details. The floor plan drawing itself can only provide so much information. There are many details (specifications) that are not included in a plan drawing that reviewers need to know, such as the type of fire alarm installed or type of wall coverings. The more detail provided in the specifications, the better “picture” the reviewers have of the program. Photos are beneficial but not required.

Don’t hesitate to call the licensing specialist with *any* questions prior to submitting the floor plan. This could save everyone time in the long run.

- * Renovation of a currently approved facility must also be approved through a floor plan review *before* the renovation begins to ensure compliance with the requirements is maintained.**
- * A program may only use space that has been approved through a floor plan review. Rooms that have not been approved, may not be used until a review is completed.**

Once the floor plan review is completed, the program will receive a letter completed by the Fire Marshall’s Office and a letter completed by the Department of Health indicating the results of the plan review. Any items listed on the review letters must be corrected before the onsite inspections can be scheduled.

STEP 2: THE APPLICATION

After a program submits the floor plans to Child Care Services (CCS), indicating their intent to operate a facility, the application for license is sent to the program. The application process includes:

- (1) The licensing application is completed and submitted to the CCS licensing specialist, including the names and addresses of three references;
- (2) CCS contacts those three references;
- (3) CCS completes a background check on the Director of the program;
- (4) The program develops written policies regarding operations, including an emergency preparedness plan.
- (5) The program notifies CCS when any compliance issues from the floor plan review letters have been corrected;
- (6) The final inspections are then scheduled.
- (7) The operator is responsible to contact the city and schedule any inspections required of that entity (example - fire or building inspections).

The final state inspection is two-fold: A CCS licensing specialist completes the Program Inspection. An inspector from the Department of Public Safety (DPS) completes the Facility Safety Inspection. These inspections may or may not be conducted at the same time.

STEP 3: THE PROGRAM INSPECTION

The Program Inspection includes review of the center's programming, including, but not limited to the following:

- Daily activity schedules
- Written program practices related to transportation, nutrition, discipline, confidentiality, emergency preparedness, etc.
- Staff qualifications
- Training
- Staff and children's record keeping

- Staff-child ratios
- Verification of insurance

When the Program Inspection is completed, the licensing specialist will visit with the Director/Owner regarding any non-compliance issues at the time of the visit.

STEP 4: FACILITY SAFETY INSPECTION

An Inspector from the Department of Public Safety (DPS) completes the Facility Safety Inspection for all licensed child care programs and before and after school programs. This inspection includes, but is not limited to, a review of the following:

- Assurance that all exits are unblocked
- Smoke detection system is operational
- Exit signs are present and in working order
- Cooking equipment is safe and in good working condition
- Water temperature does not exceed 120 degrees
- Playground area is safe and clean
- Food protection and preparation practices meet standards

The DPS inspector is completing this inspection on behalf of the Division of Child Care Services (CCS). If you have questions about these requirements, need justification of any requirement, or are in need of ways to meet the requirements, please contact your CCS licensing specialist.

The DPS Inspector sends the completed inspection forms to the CCS licensing specialist who will then follow-up with the director on any non-compliance issues.

STEP 5: ISSUING THE LICENSE

After the floor plan review, the onsite inspections, and correction of any non-compliance issues, the license is issued and care of children can then begin.

STEP 6: MAINTAINING THE LICENSE

A license issued by the Division of Child Care Services (CCS) is non-expiring. Once a license is issued, it is up to the program to maintain the licensing standards at all times. Assurance that licensing standards are met is achieved through the annual monitoring visits, complaint visits, etc.

If regulations are not met at any time after initial licensure, those issues are addressed with the program director. The licensing specialist must determine whether or not the non-compliance issues put children at risk of harm.

If children are *not* at risk of harm, then most likely a **Corrective Action Plan (CAP)** will be implemented to correct the issues while the program continues to operate. For example, a CAP could be developed if the person who develops the programming for the center does not meet the educational requirements. The licensing specialist will meet with the director to ensure the situation is corrected. The CAP also includes ways the director plans to assure compliance is maintained on an ongoing basis.

If the program has a pattern of non-compliance or the compliance issues are such that children *could be* at a higher risk of harm, then negative action against the license can occur. The types of negative action include the following:

- (1) **30-Day Revocation.** If a program has a pattern of non-compliance and remains out of compliance, then the department could take more serious action. A 30-day revocation may be implemented to correct the issues that are not a high risk of harm to children. If the

program achieves compliance within the 30-day time frame, the license remains in effect. The licensing specialist will assure the program has a plan in place to maintain the compliance.

If the program does not reach and maintain compliance within the 30-day time period, then the license is revoked immediately and the program would need to cease operation. A program can re-apply for licensure one year after the license was revoked.

- (2) **Suspension.** A license can be suspended if circumstances exist that would indicate imminent danger for children in care. If a child is seriously hurt while in care, a license may be suspended until the investigation determines what occurred. This process is a means to protect other children in care from harm. The license is not always suspended during an investigation of injury or child abuse or neglect, the action taken depends on the circumstances of the incident and what information is known at the time of the incident.

- (3) **Immediate Revocation.** A revocation is an official termination of a license and the program would no longer be able to operate. For example, if a visit to the program confirms the facility has been damaged from a storm and not a safe place for children, an immediate revocation would be issued and the program would need to cease operation immediately.

The philosophy of the Division of Child Care Services is to assist programs in maintaining compliance with licensing regulations. Negative actions against a license occur when there is substantial non-compliance, the program is not working to reach and maintain compliance, or if children are in danger of being harmed.

Any time a negative action is taken against a license, the program does have the right to an Administrative Hearing on the matter. Information on the administrative hearing process is included in the notification letter sent to the program when the action is taken by Child Care Services (CCS).

Licensing Process

Initial Inquiry

Licensing specialist shares information with individual by phone or in person. The interested party is given an application packet, which includes a copy of applicable rules, Floor Plan Review booklet, and other pertinent information.

Floor Plan Review Process

Applicant submits a complete set of building floor plans and the Floor Plan Checklist for review to the licensing specialist as specified in Floor Plan Review booklet.

Department of Health

CCS sends floor plans to the Department of Health for review.

Department of Public Safety

CCS sends floor plans to the State Fire Marshal's office for review.

Floor Plan Findings

Applicant receives floor plan review findings in a letter completed by each department. Program makes corrections to facility based on the review. When the facility meets all requirements from both departments, the applicant then moves to the next step.

Application

Director submits application with names of three references, background check request forms are submitted to CCS.

Policies & Procedures

A final version of the center's policies and procedures are submitted. Policies are reviewed to ensure all topics are addressed. Annual training plan is submitted.

Liability Insurance

Applicant submits verification of liability insurance.

Menus

Menus featuring balanced meals are posted.

Personnel

Program planner meets educational requirements; all hiring practices are documented; program requests background check for all staff prior to hire. Orientation training completed by staff within 90 days of hire.

Equipment & Program Plans

A copy of the programs schedule and activity plans are completed.

Inspection

When all paperwork has been submitted and approved, and all structural items have been completed, the licensing specialist arranges the on-site inspections.

License is issued after inspection is completed and all requirements met.

THE LICENSING POLICY HANDBOOK

SECTION 2 – THE LICENSING REGULATIONS

	Page
Introduction	15
Qualifications of Executive Director or Proprietor	16
Qualifications of Individual Responsible for Planning	16
Staff Qualifications	16
Background Checks	18
Staff Orientation	20
Staff Annual Training	21
Staff Records	22
Children’s Records	23
Staff-Child Ratios	23
Supervision	25
Program Standards	25
Standards for Discipline	25
Expulsion Policy.....	26
Nutrition Standards	26
Food and Allergic Reactions.....	27
Medications	27
Hand Washing	28

Sleeping Areas	29
Diapering	31
Bottle Propping	31
Reporting Incidences or Changes in Circumstances	31
Confidentiality	33
Parent Involvement	33
Transportation	33
Heating, Ventilation, and Cooling Systems	34
Railings	34
Cleaning and Sanitizing/Standard Precautions	34
Fire and Life Safety	36
Reporting Serious Injury	37
Reporting Contagious Diseases	37
Reporting Child Abuse and Neglect.....	38

The licensing regulations govern many aspects of a licensed program operation including, but not limited to, program planning, staff hiring, training requirements, enrollment of children, health and safety standards, food preparation and safety, as well as fire and life safety standards. This section of the handbook provides information and explanation that may help to answer any questions about some of these requirements.

The regulations for licensing are the minimum requirements that must be met in order to retain the license to operate. Programs generally have additional policies that go above and beyond those minimum requirements. In addition, each parent may have different expectations for services and policies of the program. These different expectations can be worked out when both staff and families are aware of, understand, and follow the regulations and policies of the program.

Qualifications of Director or Proprietor (67:42:10:02) (67:42:14:03)

The qualifications for an Executive Director or Proprietor of a licensed program include:

- Must be at least 18 years of age;
- Have a cleared background check; and
- If the individual owes child support arrearages which total \$1,000 or more, the individual must have a satisfactory arrangement with the Division of Child Support.

Qualifications of Individual Responsible for Program Planning (67:42:10:02.01)

A program planner must be at least 18 years of age and not have a substantiated report of child abuse and neglect. The person who develops and oversees activity planning for children and supervises staff, the program planner, is also required to meet certain educational requirements. A licensed program's activities are to be based on the developmental needs of the children in care. These educational requirements help ensure the program planner has the knowledge and understanding of children's development in order to provide age and developmentally appropriate activity plans and ensure the plans are implemented by staff as intended.

It is up to the licensed program to determine who will fill the position of program planner. Child Care Services will document who in each program meets these requirements. The program is required to report if the program planner terminates employment, and who the new program planner is so the educational requirements can be verified.

Staff Qualifications (67:42:10:05) (67:42:14:08)

A staff person is considered anyone who is used to meet the staff to child ratio, who provides care and supervision to children, or who has contact with children in the program. Staff can be an individual paid by the program or a volunteer at the program.

Programs are set up in a variety of ways and may have different names for different positions. There may be a lead teacher, a teacher, and an assistant teacher in one classroom. Some programs refer to all staff as assistants to the director. Some refer to everyone as a staff person.

Because of these variances, the child care administrative rules use general terms such as *child care worker* and *secondary child care worker* to define requirements for all staff. The term ***child care worker*** is defined as those individuals who are at least 18 years of age. This could be a lead teacher, an assistant, etc. A child care worker is someone who works under the supervision of the person with the educational background (Program Planner) who can share his/her understanding and knowledge of children with all staff.

The term ***secondary child care worker*** refers to staff who are under the age of 18. There are specific requirements for staff under the age of 18. A secondary child care worker is required to work under the *direct supervision* of the person with the educational background (Program Planner). Because a secondary child care worker is not yet 18 years of age, they may be counted in the staff to child ratios only if they are working at all times under the *direct and constant* supervision of a person who is 18 years of age or older. In a child care program, staff included in staff to child ratio must be at least 14 years of age. In a Before and After School Program with older children enrolled, staff included in the staff to child ratio must be at least 16 years of age. No secondary child care worker is to be left alone with children.

All child care and secondary child care workers in a licensed program are considered by state law to be mandatory reporters of child abuse and neglect. This means all staff are required to report suspicions of child abuse and neglect immediately to the Department of Social Services, the State's Attorney, or law enforcement. There is a penalty of one year in jail and/or a \$2,000 fine for any mandatory reporter who does not report suspicions of abuse to the Department of Social Services, the States Attorney, or to law enforcement. All employees are also required to read and sign a child abuse and neglect statement that outlines the requirements for reporting abuse

and neglect to ensure understanding of this requirement. If a licensed program has a policy that staff notify the director as well, that notification to the director would be in addition to the staff meeting the requirements of the law, as listed above, by reporting the incident to Child Protection, the State's Attorney or law enforcement.

Background Check (67:42:16:04)

To help assure that children are cared for in safe environments, a background check is conducted on all staff hired to work in a licensed program. This includes individuals responsible for administration of the program, persons who provide care and supervision of children, and persons in the facility having unsupervised access to children in care. This includes paid staff as well as volunteers.

Type of Background Checks Completed

The following describes the background checks required and the time frames for completing these checks:

- (1) A Sex Offender Registry check. This verifies whether the individual is registered, or required to register as a sex offender. This check is completed by the program prior to hiring the individual.
- (2) A Central Registry check. This check will verify whether the individual has a substantiated report of child abuse or neglect. This check is not related to a criminal conviction.
- (3) A South Dakota Division of Criminal Investigation (DCI) fingerprint check. This check includes any criminal convictions in South Dakota. This check is submitted to DCI within 14 days after hire.

Circumstances That Prohibit Employment of the Potential Employee:

An individual is prohibited from working or residing in a licensed program if the results of the background check include:

- a crime that would indicate harmful behavior toward children;
- a crime of violence as defined by SDCL 22-1-2;
- child abuse pursuant to chapter 26-10;

- a sex offense pursuant to chapter 22-22, 22-24A, or 22-22A-3;
- felony spousal abuse; felony physical assault or battery;
- within the preceding five years, and any other felony; or
- any person whose name appears on the central registry for child abuse and neglect. This includes similar statutes from other states.

The procedures for conducting a background check are as follows:

1. Staff person completes the information on the front and back of the **Division of Criminal Investigation (DCI) fingerprint card**. On the Authorization and Release form on the back of this card: the staff person writes his/her name on lines 1 & 4; the name of the licensed program is written on lines 2 & 3. The name and mailing address for the licensed program is written in the 'Mail Response To' space. Fingerprints can be rolled at a local sheriff office or by appointment at the Child Care Services (CCS) office.

Director submits DCI fingerprint card to the Division of Criminal Investigation (DCI) within 14 days after hire. The address for DCI is on the front of the fingerprint card. DCI sends the results of this check back to the program (ensure program name and address is located in the "Mail To" section on the card so the results are sent to correct program). The results of the check are kept in the staff persons employment file.

2. Staff person completes the **Central Registry of Child Abuse and Neglect Permission to Screen form**. This form can be found at <http://dss.sd.gov/formsandpubs/>

Director submits the Central Registry Permission to Screen form to Child Protection Services at 700 Governors Drive in Pierre, SD 57501. This check is to be completed and the results received by the director prior to the individual being hired. Ensure the name and address of the licensed program is included on the bottom of this form. Child Protection Services mails the results back to the program listed in this section. The results of the check are kept in the staff persons employment file.

3. Director conducts a SD Sex Offender Registry check by searching the staff person's name at <http://sor.sd.gov/>. A sample documentation form is found in Section III of this Policy Handbook. The results of the check are kept in the staff persons employment file.

Staff Orientation Training (67:42:10:06.01) (67:42:14:12)

The purpose of staff orientation is to ensure all staff have knowledge of practices, policies and procedures that keep children safe. Every licensed program has their own individual orientation that may include things such as the requirements and expectations of the job duties; individual policies of the staff and center such as child supervision or cell phone policies; etc. In addition to these center policies, there are licensing requirements for orienting staff that are required to be completed within 90 days after hiring an individual. The required topics include:

- 1) Prevention and control of infectious diseases
- 2) Prevention of sudden infant death syndrome and use of safe sleep practices
- 3) Administration of medication
- 4) Prevention and response to emergencies due to food and allergic reactions
- 5) Building and physical premises safety
- 6) Prevention of shaken baby syndrome and abusive head trauma
- 7) Emergency preparedness and response planning
- 8) Handling and storage of hazardous materials and the disposal of bio-contaminants
- 9) Appropriate precautions in transporting children
- 10) Recognizing and reporting child abuse and neglect
- 11) First aid
- 12) CPR certification

Without a formal orientation training, some policies may be missed or not implemented, and could result in non-compliance or a child getting hurt. A formal orientation is one way to ensure all staff hear and learn the same information.

Sample orientation documentation forms for the program specific requirements and for licensing requirements can be found in Section III of this handbook.

Annual Staff Training (67:42:10:06) (67:42:14:13)

Staff come to a program with a variety of education, knowledge, experience, strengths, as well as areas that need more attention. Annual training is intended to enhance staff competence and help develop a program where children can thrive. Training plans help the director to plan training for staff based on those levels of knowledge and experience. A staff person who has had difficulty focusing attention on the children in care, may need to have training in the area of supervision, planning learning activities, or professionalism. After observing a staff person working with children, a director may see competence in the area of guidance and behavior management but may see a need for a little more depth in preparing activities for the children. The training plan can ensure training is obtained in areas of need. The training plan is to be developed annually to help meet those individual needs.

CPR

CPR can be crucial to the life of a child or staff person. All staff are required to have CPR training within 90 days after the date of employment and their CPR certification is to remain valid from that point forward. But, one staff on-site at all times is required to be certified in CPR.

The regulations require *hands-on skill testing* as part of the CPR training. For example, a staff may be able to obtain CPR coursework on-line but would be required to complete the hands-on skill test in person.

There are some on-line CPR courses that are strictly knowledge testing, that do not offer hands-on skill testing, those programs do not meet the intent of the CPR requirement and would not be counted as part of the training hours required for licensing requirements.

Staff Records (67:42:10:09) (67:42:14:23)

All staff employed in a program should have a record of employment at the facility. The information required to be on file can be documented on any form the program chooses, but the information is to remain on-site and available for review by the Department upon request. There are some sample copies of forms in Section III of this handbook a program can choose to use. The following information is to be obtained prior to the staff person working with children as applicable:

1. Application with identifying information such as name, age, address, telephone, education and work experience;
2. Date employment started and date employment is terminated;
3. Documentation of three reference checks from individuals who can speak to the applicant's knowledge, skills and abilities, and who is not related to the applicant;
4. Documentation of annual training hours;
5. Documentation of orientation training, including date and topics covered;
6. A signed statement acknowledging responsibility to report suspected child abuse or neglect.
7. Documentation of a background check, that includes all checks outlined on page 4 of this Policy Handbook;

The required procedures listed above great tools to help ensure people, who are already known to have harmed children, are not hired to care for children. But these tools do not necessarily indicate the staff person will meet all licensing standards, or indicate who will be the best employee, and they don't guarantee satisfaction of the employees work. Many employers implement additional procedures that go beyond these basic requirements to assist in hiring quality staff.

Children's Records (67:42:16:13)

A record is to be kept on each child enrolled in the program and is to be made available to the Department upon request. These records are to be kept for six months after the child's enrollment is terminated. The following items are to be maintained for each child enrolled:

1. Child's name and identifying information such as date of birth;
2. Date of enrollment;
3. Date enrollment is terminated;
4. Name and contact information of child's parent or guardian;
5. Name of an emergency contact person, other than the parent;
6. A signed authorization from child's parent or guardian for the program to obtain emergency medical care for the child; and
7. Child's current immunization record (see schedule in Section 3).

Exemption to Having Immunization Record Prior to Enrollment

An exemption to this requirement is allowed for children from a foster care placement or a child from a family experiencing homelessness. If enrolling a child in one of these two situations, the family is allowed additional time should they need it, to access the immunization record which may not be readily available. The immunization record is required of all children, these situations are simply allowed a little extra time to obtain the information if needed.

Staff to Child Ratios (67:42:10:07) (67:42:14:17)

Implementing a staff to child ratio helps to ensure staff have the means necessary to provide children with the attention and interaction that is essential to their care. Ratios allow for more verbal interactions between staff and children; allow children to have continuing adult support and guidance while encouraging independent self-initiated play; provide opportunity for direct, warm social interaction between staff and children; etc. Children in licensed programs are not from the same family and must learn a set of common rules that may differ from expectations in their own homes making staff interactions with them more frequent.

While Children are Awake

The staff to child ratio requirements help to ensure that when children are awake and active, they have direct, constant supervision by enough staff to ensure they remain safe. The ratios also help ensure that one staff person is not put in the position of caring for too many children. The staff counted in the staff to child ratios when children are awake, are only those staff actually providing the direct care and supervision to the active children. If a staff person is in the kitchen preparing meals, or out of the building on their lunch break, they would not be counted as meeting the staff to child ratio for a classroom.

When Children Are Sleeping

Each program needs to maintain the minimum staff to child ratios at all times because ratios help ensure the safety of children whether it be while playing or during evacuation in the event of a fire. While the staff are required to remain in the classroom when children are awake and active in order to count in the staff to child ratio, it may not be necessary to require all three staff to remain inside a child care classroom watching 15 toddlers sleep for two hours.

Therefore in programs where children nap, if the staff to child ratio is met within the day care building, and sleeping children are directly supervised by at least one staff person per room, a program director can choose not to require all staff to remain inside those classrooms with the sleeping children. While one staff is providing constant supervision in *each* room where children are sleeping *at all times*, if the director chooses, other staff can be doing other duties in the day care such as cleaning, preparing lesson plans or activities for the next day, etc. Staff who leave the building are not counted in staff to child ratios during play time or nap time. Reminder - when children are awake, the correct number of staff are to be inside the classrooms with the children directly supervising their activities in order to be counted in the ratio.

Supervision (67:42:16:19)

Supervision of children is the primary purpose of a licensed program. It is basic to safety, the prevention of injury, and maintaining quality care. The importance of supervision is not only to protect children from physical injury, but from harm that can come from children's communications or behaviors such as physical altercations, teasing, bullying, or other inappropriate behaviors. It is the responsibility of the staff to monitor what children are talking about and what they are doing and intervene when necessary.

To be available for supervision, a staff must be able to hear and see the children they are supervising. Children who are presumed to be sleeping might be awake and in need of adult attention. Children in the restrooms may be playing in the water instead of using the restroom. Staff should know the programs expectations for supervision on the premises as well as when taking children off the premises. Children can find trouble quickly. Not all children have an innate sense of danger and therefore need adult guidance to keep them safe.

Program Standards (67:42:10:10) (67:42:14:16)

Parents purchasing a service from a program need to know the parameters of what that service entails. How much do they pay, when payment is due, what the requirements are for terminating child care, etc. There is rarely enough time for a director to spend individually with each new family to explain all policies and requirements. A parent and staff handbook can do that work for the director because all requirements are written out and parents or staff can refer to it whenever they have a question about a policy. A handbook is also a tool for managing the program by reminding staff or parents of what they have agreed to.

Standards for Discipline (67:42:10:11) (67:42:14:20)

Discipline is managing or guiding behavior guidance and is a constant task in licensed programs. Therefore all staff need to know what guidance techniques to use as well as those techniques not allowed to be used. Staff

are continuously teaching children through role modeling appropriate behaviors, redirecting inappropriate behaviors and explaining social norms to children through stories, activities, discussions, etc. The standard for managing behavior in a program is positive guidance, a technique that teaches the child what is expected in order to establish self-control. For example if a child is running in the center, staff say 'walk please'. This tells the child exactly what is expected. If staff tell children to stop running, it only tells the child what not to do, and not what is expected of him/her.

Expulsion Policy (Federal Law)

Recognizing the importance of children's social-emotional and behavioral health, a priority of the Division of Child Care Services is to work toward eliminating expulsion and suspension practices. In general, it is an expectation that providers will explore resources, such as ECE training and technical assistance, to assist with children who exhibit challenging behaviors. These resources can help providers in determining a positive approach that allows the child to remain in care or if necessary, move on to a more appropriate setting.

Nutrition Standards (67:42:10:13) (67:42:14:21)

Parents leave their children in a program for the purpose of care. Meal time is an important part of that care and important to a child's physical, emotional, and social development. For this reason, programs are responsible to ensure children receive a meal that meets 1/3 of the child's daily nutritional needs if the child is present during meal times. This means each meal is to contain a meat or protein, a vegetable, fruit, a bread or grain, and milk or a dairy. Snacks are to contain one or two of the above food items as well.

By creating a welcoming and relaxing atmosphere at meal time, children are able to work on such developmental processes as fine-motor control, language, building social relationships, learning and doing for oneself, etc. To aid in this developmental learning, the dining area used at meal time is to have sufficient seating to accommodate the number of children being fed.

The table, chairs, and eating utensils need to be large or small enough for the children, and be in good repair.

The Child and Adult Care Food Program is a federally funded program operated from the SD Department of Education that offers reimbursement to licensed programs who offer nutritious meals to children in care. For more information contact the Department of Education at 605-773-3413 or visit the web at <http://doe.sd.gov/cans/cacfp.aspx>.

Food and Allergic Reactions

In meeting the needs of children in care, licensed programs need to have information related to children's food allergies. This includes working with the parent to develop a plan should a child experience an allergic reaction at the center. In addition, all staff working with children who have allergies should know the location of that plan and be aware of procedures to follow should the child exhibit a reaction or be in distress.

Medications (67:42:10:15) (67:42:14:24)

A medication, for the purpose of the regulations, is defined as any substance that is used to relieve pain or treat disease, or any substance prescribed by a doctor.

Staff need to take medication administration very seriously. An incorrect dose or a child receiving the wrong medication can be fatal. It is that serious. Medication often looks like candy to children and therefore must be inaccessible at all times. The director of a program is to ensure there are strict policies surrounding medication handling, storage and administration and that staff understand and adhere to those policies.

A parent knows their child's medical history and therefore it is their responsibility to determine when their child is to have over-the-counter medication administered. Programs partner in the care of a child and offer important input as to how a child is feeling, acting, etc., but the parent determines whether medication is administered and provides written

permission when they do request staff administer medication. Written parent permission can help reduce the programs liability in administering medications.

If the medication is a prescription medication, it is the responsibility of medical personnel to determine what is to be administered, when, and in what dose. It is the responsibility of the program to require medication be brought to the program in its original container, and administered *exactly* as prescribed on the label as written by a physician.

A licensed program can make the choice to require parental permission for other topical products if they choose. A diaper rash ointment or sunscreen may not be included in CCS' definition of a medication, but that doesn't mean the program can't choose to require parental permission prior to those types of products being used on children in care. This practice can protect staff from having an upset parent when a product is used on their child that the parent did not want used.

Hand Washing (67:42:11:33)

Hand washing is the *most important way* to reduce the spread of infection and disease. Deficiencies in hand washing have contributed to outbreaks of diarrheal illness among children and caregivers, which could have easily been prevented with good hand washing practices. Programs that have implemented hand washing training programs for staff can reduce the incidence of diarrhea illness and other communicable diseases.

Thorough hand washing with soap for at least 20 seconds using warm running water removes organisms from the skin and allows them to be rinsed away.

Children's hands are required to be washed with soap and water at the following times:

- Before and after eating meals or snacks;
- After using the restroom;

In addition, staff should also consider the following as important times for ensuring children's hands are washed:

- After sneezing and wiping nose;
- After handling animals;
- After playing in water;
- After playing outside;

Staff are required to wash hands with soap and water at the following times:

- Before handling food;
- After diapering a child in a day care center or group family day care;
- After working with soiled clothing or bedding;
- After using the restroom;

In addition, staff should also consider the following as important times to wash hands:

- After handling bodily fluids;
- Before and after eating or feeding a child;
- After handling animals or animal waste;
- After sneezing or handling a child's sneeze or wiping of nose;
- After handling of garbage.
- Before and after administration of medications;

NOTE: Hand sanitizers can be used by staff during the course of the day, but are not to be used as a substitute for the required hand washing with soap and water as indicated above.

Sleeping Areas (67:42:11:05)

Studies have shown the techniques identified as reducing the incidence of Sudden Infant Death Syndrome (SIDS) are working because the numbers of SIDS deaths have decreased. Safe sleep requirements for child care centers and group family day cares include infants being placed on their back for every sleep time, with no pillow, blanket or other soft bedding.

The *Back To Sleep Campaign* and the American Academy of Pediatrics provide the following input for child care centers and group family day care homes in reducing the incidence of SIDS:

- **Place babies up to one year of age on their back for every sleep.** If baby rolls over on his tummy on his own, he can stay in that position. If baby falls asleep in a swing, or a car seat on the way to the center, put the child in a crib or play yard to sleep, not in the car seat.
- **Place baby on a firm sleep surface.** The crib or play yard needs to meet current Consumer Product Safety Commission requirements. No drop side cribs are allowed. If a baby falls asleep in a car seat, swing, stroller, or infant carrier, move him to a crib or other firm sleep surface.
- **Do not use soft objects, loose bedding or any objects that could increase the risk of entrapment, suffocation, or strangulation in a crib.** This includes blankets, pillows, or bumper pads in a crib or play yard. Research has not indicated when it would be 100% safe to have these objects in the crib; however, most experts agree that after 12 months of age these objects pose little risk to healthy babies. Refrain from putting blankets over a child's head while they sleep at any time, this is a suffocation risk.
- **Keep the day care environment smoke-free.** State law prohibits smoking in public places, which includes licensed child care programs.
- **Do not let babies get too warm.** Keep the room where babies sleep at a comfortable temperature. In general, babies should be dressed in no more than one extra layer than a caregiver would wear. Baby may be too hot if sweating or if his chest is warm or hot to the touch. If concerned an infant is cold, infant sleep clothing designed to keep babies warm without the risk of covering their head can be used.
- **With a parent's permission, offer a pacifier at naptime and bedtime.** Research has found this helps to reduce the risk of SIDS. It is ok if the infant doesn't want to use a pacifier. Try offering it at a later time but some infants just don't like to use pacifiers.
- **Remember tummy time.** Babies need plenty of time spent on their tummy during awake time to strengthen neck muscles.
- **More information can be obtained on the Web from AAP.org or Healthychildren.org.**

Diapering (67:42:11:06.01)

Diapering is basic to the care of young children in day care centers and group family day cares. Although there are no regulations for how often children's diapers are checked or changed, the expectation is that the children's needs are met. This means children's diapers should be checked on a regular basis to ensure they are not left in wet or soiled diapers. Diaper change tables are cleaned, then sanitized, after each diaper change with a solution of 1 ounce household bleach to 1 quart of water. The solution is to be mixed daily to ensure the sanitizer is at full strength. The procedures for diapering that are outlined in rule will help ensure disease and bacteria are not transmitted to other children or staff.

Bottle Propping (67:42:10:13)

Bottle propping is when a bottle given to an infant is leaned against a pillow, or other support, rather than day care or group family day care staff holding the infant and the bottle. The child care regulations do not allow for bottle propping by indicating the baby is to be held while being bottle fed. Babies could bite the bottle nipple and choke. Babies not old enough to hold the bottle have no control to take the bottle out when they have too much milk in their mouth and can choke.

The American Academy of Pediatrics emphasizes that feeding time can be a warm, loving experience. The AAP suggests: cuddle baby closely, gaze into baby's eyes, and coo and talk. Never prop the bottle to let baby feed alone; not only will you miss the opportunity to bond with baby, but there's also a danger that baby can choke or the bottle will slip out of position.

Reporting Incidences or Changes in Circumstances (67:42:16:09)

All serious injuries are to be reported to the licensing specialist within 24 hours after the injury occurred. A serious injury is defined as one that requires professional medical treatment. A reporting form is located in Section III.

A license is issued only after a review and approval of: the space the program will use, the programming that is provided, the qualifications of the director and staff, etc. Any changes to those approved items (the space used, programming, director qualifications, etc.), means the program may no longer meet those requirements. To ensure compliance is maintained, any structural changes to the facility, added space to be used, changing of director or program planner, etc., need to be approved prior to the changes being made. If changes are not approved prior to the change, the license could become invalid.

Examples of changes that need to be reported, prior to the change being implemented, include:

- **Change in space used** – the Plan Review letter from the Department of Health outlines the space that has been approved to use. If additional space is needed, report that to the licensing specialist who will request a review to ensure the space meets all fire and life safety requirements and the capacity for the space will be determined.
- **Change of ownership** – The current license is issued for a specific facility based on an application for license signed by a specific individual. That license does not transfer to a new owner. A new application is required and a floor plan review to ensure all qualifications and requirements are met; whether any changes are planned for the facility, etc. A new license would be issued to the new owner after the facility and programming is approved.
- **Change of location** – The licensing process determines if a new facility meets licensing regulations prior to issuing an initial license. Each license is issued only for the location listed and does not transfer to a new location. If a program plans to move to a different location, the licensing process is completed again prior to operating to ensure all regulations are met.
- **Involvement with law enforcement or Child Protection Services** – All Directors and staff are screened at initial licensure to ensure they are eligible to work at a licensed program. If that staff is now involved with law enforcement or Child Protection Services, Child Care Services needs

to determine whether this involvement creates a risk of harm to children in care;

- **Change in person who meets qualifications** for program planning and staff supervision – At initial licensure credentials are checked to ensure the program planner meets the educational requirements. If that person leaves the program, the program may not meet requirements.

Confidentiality (67:42:16:14)

Staff need to know a great deal of information about the children in their care so they can best meet the children's needs. It is important that parents feel confident that information they share with the staff, in order to ensure proper care of their child, is not shared with anyone else.

Staff should know that sharing family information in conversation, on social media, in email, etc. with any person, *who does not have a work related need to know the information*, is a breach of confidentiality. Sharing pictures of children in care on social media, in email, etc. is not acceptable without prior parental permission.

Parent Involvement (67:42:10:12) (67:42:14:25)

Administrative rule requires programs to allow parents to come to the program at any time their child is in care. To explain that parents are not allowed at a certain time, such as at nap time, is not meeting the intent of this regulation.

Transportation (67:42:16:15)

Programs choosing to provide transportation must adhere to state safety restraint (seat belts and car seats) laws outlined in the South Dakota Laws 32-37-1 and 32-37-1.1, found in Section VI of this handbook.

These laws require: A child under five years of age is to be properly secured in a seat belt or car seat. Seat belts can be used for children under five years of age if the child is at least forty pounds in weight.

- Passengers who are at least five and under eighteen years of age shall wear a properly adjusted and fastened safety seat belt.
- No more than one person is intended to be secured in each seat belt.

Heating, Ventilation, and Cooling Systems (67:42:11:12)

Children and staff should be comfortable in the environment. Research also shows that a room that is too warm can be a risk factor for Sudden Infant Death Syndrome (SIDS). Adequate temperatures of the facility are defined by the National Health and Safety Standards as being temperatures between 67 and 75 degrees Fahrenheit during waking hours. Their requirement for nighttime temperatures is no lower than 50 degrees Fahrenheit.

Railings (67:42:11:14)

The regulations require all floor and wall openings, open-sided stairs, open-sided mezzanine areas, platforms, and decks which are 30 inches or more above the ground level, are to be guarded by an approved railing or barrier. The railing or barrier shall be constructed to prevent a child from crawling or falling through or becoming entrapped.

Children's heads and upper bodies are heavier in proportion to the rest of their body. In order to prevent a child from falling off a platform or over a railing, an approved railing is one that meets the local building code for height or is at least 34 inches high, whichever is greater. Children are small in stature so to prevent a child from falling between rails or spindles, an approved railing is one that would meet local building code for spindles/rails or have no more than 4 inches between any open spaces on the railing, whichever is greater.

Cleaning and Sanitizing (67:42:11:07)

Cleaning and sanitizing are an important component of controlling the spread of germs and disease. Kitchen equipment, kitchenware, utensils, dining tables, diaper change tables, and toys are required to be washed and sanitized. The process for doing this differs a little depending on the items:

Kitchenware and utensils – are washed, rinsed, and sanitized. For manual cleaning that requires three separate steps: 1) washing in soapy water that is at least 120 degrees in temperature, 2) rinsing in clean water in a second compartment, then 3) sanitizing in a 3rd compartment. Sanitization can take place by placing silverware and utensils in 170 degree water for 30 seconds; or placed in a solution of 1 ounce bleach to 4 gallons of water for at least one minute. The ware and utensils can also be cleaned and sanitized in a dishwasher that maintains a water temperature of 150 degrees.

Dining tables – are sanitized before and after meals with a solution of 1 ounce bleach to 2 gallons of water.

Toys capable of being put in a child's mouth – are washed, rinsed, and sanitized with a solution of 1 ounce bleach to 2 gallons water. A dishwasher may be used to wash and sanitize those toys capable of being placed in a dishwasher.

Diaper change table – a diaper change table is sanitized after each diaper change to ensure no passage of bacteria or germs from child to child with 1 ounce of bleach to 1 quart of water. This solution is mixed daily to maintain full strength.

Standard Precautions- Handling of Bio-contaminants (67:42:10:10)

“Universal Precautions”, also known as “Standard Precautions” is a term used by the U.S. Occupational Safety and Health Administration (OSHA) to refer to infection control practices.

The following standard precautions should be used any time contact with, or the possibility of contact with, blood or other bodily fluids containing blood occurs:

- The primary thing to remember with standard precautions is to always have a barrier between your skin and mucous membrane (around the eyeballs, gums, and inside the nose), and the (potentially) infectious substance. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier should be appropriate

for the procedure being performed and the type of exposure anticipated.

- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
- Use sterile gloves when hand contamination with blood may occur. Use vinyl or latex examination gloves for procedures involving contact with mucous membranes.
- Change gloves between contacts with children. Do not reuse surgical or examination gloves.
- Use general-purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential contact with blood and for instrument cleaning and decontamination procedures.
- Waste management: Remove nasal secretions with tissues and throw them in the ordinary trash. For spills involving blood or other body fluids, remove all visible soil, and then disinfect the surface with freshly prepared diluted bleach. A 1:64 dilution is ¼ cup of bleach diluted in 1 gallon of water. Use disposable towels or tissues, and rinse mops in the disinfectant solution.

Fire and Life Safety (67:42:10:18) (67:42:14:28)

The regulations for child care are not only to ensure the proper care of children but to ensure the safety of the children and staff in the program. The following licensing requirements support safety of children:

- Ratios – help ensure enough staff to evacuate children in an emergency;
- Unblocked exits –A blocked exit can prohibit or deter an evacuation;
- Program standards – ensure staff and parents know the procedures for emergency events prior to an event occurring;
- Fire or tornado drills – help ensure children and staff are prepared and know what to do in the event of a fire or other emergency;
- Storage of personal items – provide a specific place for children’s belongings so they are not on the floor as a trip hazard in an evacuation;

- Fire alarm requirements – ensures quick notification to children and staff so all can evacuate safely should there be a fire; and
- Fire extinguisher requirements – ensures there is an opportunity to extinguish a fire quickly.

Reporting Serious Injury or Illness (67:42:16:09)

Providers are required to notify the Department within 24 hours after the occurrence of an unusual incident at their registered home such as a fire, serious injury or death of a child, etc. A serious injury is one in which a child was seen by a doctor, or hospitalized.

Reporting Contagious Diseases (67:42:10:14) (67:42:14:16)

A licensed program may choose to care for a sick child as long as that child does not have a communicable/contagious disease. If a child does contract a communicable disease, the provider is required to:

1. follow the Department of Health's (DOH) recommendations for excluding children who are contagious; and
2. report contagious diseases to the DOH.

Doctors are also mandatory reporters of contagious disease. When the licensed program and the doctor both report to DOH, then DOH doesn't have to search for where this child is in care to assure all people in contact are aware of the situation and how to prevent the spread of that disease. Reporting to the DOH also gives a licensed program the opportunity to ask any questions related to the disease or what steps to take to prevent the spread of the disease to other children or staff members. It is better to over report than to under report this type of information.

Call the DOH with any questions about reporting or to report a communicable disease:

**The South Dakota Department of Health
Division of Communicable Disease
605-773-3364 or 1-800-592-1861**

A list of reportable communicable diseases & reporting instructions:
<https://doh.sd.gov/diseases/infectious/reporting.aspx>

A list of communicable diseases exclusion requirements:
<https://doh.sd.gov/diseases/assets/ChildCareExclusion.pdf>

Reporting Suspected Child Abuse and Neglect (67:42:16:09)

South Dakota Codified Law (SDCL) 26-8A-3 states that staff in licensed programs, who have reasonable cause to *suspect* that any child under the age of 18 years, has been abused or neglected as defined by SDCL 26-8A-2, are considered mandatory reporters of child abuse and neglect and are to *report that information to one of these three entities*:

1. *the Department of Social Services (DSS) at **1-877-244-0864**,*
2. *the State's Attorney office, or*
3. *a local law enforcement office.*

This law makes it mandatory for all child care providers to report suspected child abuse and neglect to one of these three entities. Failure to report child abuse and neglect is a misdemeanor and is both a violation of child care rules and state law. Keeping documentation of who a report is made to, the date of the report, etc., may help you in demonstrating your compliance with this requirement. This law helps protect children from abuse.

Child Protection Services and law enforcement agencies are required by law to investigate all reports of child abuse or neglect. The information learned in these investigations is confidential.

If you are unsure as to whether an incident would be considered child abuse or neglect – it is better to err on the side of protecting the child and report it to **Child Protection Services at 1-877-244-0864, to the States Attorney, or to local law enforcement**. These entities will determine whether the information meets the definition of abuse or neglect. Reports do not always mean a child is removed from the family. There are many services that Child Protection has available to families going through a rough time that can help a parent and protect children.

THE LICENSING POLICY HANDBOOK

SECTION 3 – SAMPLE FORMS

	Page
<u>Sample Child/Family Forms</u>	
• Application for Admission	40
• Program/Parent Agreement	42
• Medication Authorization	43
• Daily Attendance Record	44
• Immunization Schedule	45
• Immunization Affidavit	46

<u>Sample Program Forms</u>	
• Annual Training Record – Child Care Center	47
• Annual Training Record – Group Family Child Care Home	48
• Annual Training Record – B&A School Program	49
• Annual Training Plan	50
• Employee Application	51
• Employee Reference Checks	53
• Employee Reference Form	54
• Background Check.....	55
• Sex Offender Registry Check Documentation Form	57
• Procedures for Identifying and Reporting Child Abuse and Neglect	58
• Program Overview Checklist	61
• Staff Orientation Training Checklist.....	62
• Employee Evaluation	63
• Serious Injury Reporting Form	64
• Public Playground Safety Checklist	65
• Fire and Tornado Drill Record.....	66
• Sample Activity Plan	67

Enrollment Date _____
Date _____

Enrollment Termination

APPLICATION FOR ADMISSION TO CHILD CARE

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Allergies & Other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.)

Medical Plan For Allergic Reactions: _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Marital Status: _____ Married _____ Separated _____ Divorced

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing or picking up the child(ren)? Is so, please list.

In an emergency contact:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Who will regularly pick up child(ren):

_____ Name	_____ Relationship	_____ Vehicle Type
_____ Name	_____ Relationship	_____ Vehicle Type

Is there any additional information you would like to share about your child? (favorite things, food likes, special interests or fears, etc)

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____
if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions _____

_____ Parent Signature	_____ Parent Signature	_____ Date
---------------------------	---------------------------	---------------

I/We attest that the information listed on this application is as accurate and complete as possible.

_____ Parent Signature	_____ Parent Signature	_____ Date
---------------------------	---------------------------	---------------

✦ ATTACH CHILD'S CURRENT IMMUNIZATION RECORD ✦

PROVIDER-PARENT/GUARDIAN CHILD CARE AGREEMENT

The following agreement is made between:

Mother/Guardian

and

Father/Guardian

Child Care Provider

For the care of: _____

Child's Name

Rates/Payment Policies:

The payment fee is: \$_____ per week day hour

Care will be provided normally from _____ am/pm to _____ am/pm on the following days
(circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Additional Fees:

Payment is due on: _____

Overtime Rates: _____

The day care is planned to be closed on the following days: _____

Charges related to child care closings: _____

Charges for a child's absence: _____

✦ OTHER PROVIDER POLICIES OR PARENT REQUESTS ✦

CHILD MEDICATION AUTHORIZATION FORM

Child's Name: _____ Today's Date: _____

Name of medication to be administered: _____

Dosage: _____

Time to be given: _____

Dates to be given: From: _____ to _____
dd/mm/yr dd/mm/yr

Parent Signature Date _____

Documentation That Medication Was Administered

Date Administered	Time Administered	Dosage Given	Signature of Caregiver Administering the Medication

NOTE: Use a separate sheet for each medication to be administered. This documentation is to be kept on file at the center for six months.

Child Care Daily Attendance Record

Date: _____

	Child's Name	Arrival Time	Pick Up Time	Parent Signature	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Recommended Immunization Schedule

IMMUNIZATION REQUIREMENTS – effective September 2016

Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3*	#4				
Inactivated Poliovirus			#1	#2	#3					#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella						#1				#2
Hepatitis A						#1 & #2 (6 months apart)				
Pneumococcal (PVC)			#1	#2	#3	#4				

= Immunization is to be given within this range of time

Combination Vaccines Often Seen on Immunization Records:

Pediarix = DTaP, Hep B, Polio
 Pentacel = DTaP, Hib, Polio
 Kinrix = DTaP, Polio
 MMRV = Varicella, MMR

* NOTE: The Pedvax or ComVax Hib is 3 doses, with the 6-month immunization not required. All other Hib series are 4 doses using the schedule above.

This chart indicates the recommended ages for routine administration of childhood vaccines in licensed child care programs, as of September 2016. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible, and based on input from the child's doctor.

If a child is behind on an immunization, the provider is to have on file a note from the child's doctor indicating the child is in the process of catching up on vaccinations.

Additional information about vaccines, including precautions and contraindications for vaccination and vaccine shortage is available from the National Immunization Information Hotline at 800-232-2522, approved by the Advisory Committee on Immunization Practices

(www.cdc.gov/vaccines/acip), and the American Academy of Family Physicians (<http://www.aafp.org>).

South Dakota state law 13-28-7.1 does allow for a medical or religious exemption for immunizations. Any medical exemption is required to be signed by the child's physician. Any religious exemption is required to be signed by the child's parent. A sample copy of the religious exemption can be found on the following page.

**Immunization Affidavit
Certification of Objection to Immunization**

Child Care Center: _____

Parent/Guardian: _____

In accordance with South Dakota Codified Law 13-28-7.1, I hereby certify that the administration of vaccine and other immunizing agents to my child _____, is contrary to my beliefs which are adherent to a religious doctrine whose teachings are opposed to such test and immunizations. I therefore request exemption from the Department of Social Services' rule requirements for immunizations.

I understand there are risks associated with non-immunization for my child.

All foregoing statements are true to the best of my information, knowledge, and belief.

Signed _____ Date _____
Parent/Guardian

Signed _____ Date _____
Parent/Guardian

Staff Name: _____ **Hire Date:** _____ **Training Year:** _____

☐ P/T (20 hours or less worked per week) ☐ F/T (21 or more hours worked per week)

Group Family Day Care Professional Development Record (Staff Training Record)

Each staff member must have a minimum of 10 hours of Professional Development (training) annually. If an employee has been **employed less than one year**, the employee should have accumulated training hours equal to the amount of time worked (example 6 months of work would require 5 hours training). The number of Professional Development hours required of staff who are not full time employees must be proportionate to the number of hours worked.

Professional Development Category	List hours below						
1. Child Growth & Development							Total hours for category
2. Detecting & Reporting Child Abuse/Neglect							Total hours for category
3. Guidance & Behavior Management							Total hours for category
4. Food Handling Techniques							Total hours for category
4. Identification and Prevention of Communicable Disease							Total hours for category
6. Program Health & Safety							Total hours for category
7. Nutrition for Children							Total hours for category
8. Program Management & Regulation							Total hours for category
9. Communication & Relations with Staff							Total hours for category
10. Cultural Diversity							Total hours for category
11. Learning Environments							Total hours for category
12. Age-appropriate Activities & Planning							Total hours for category
13. Professionalism							Total hours for category
14. Partnership with Parents							Total hours for category
15. Inclusion of All Children							Total hours for category
16. First Aid							Total hours for category
17. CPR							Total hours for category
Total professional development hours for current year → → (Please attach professional development certificates to this form)							

Note: 1 completed college credit= 15 hours of professional development
1 completed CEU= 10 hours of professional development

Staff Name: _____ **Hire Date:** _____ **Training Year:** _____

☐ P/T (20 hours or less per week) ☐ F/T (21 or more hours per week)

Day Care Center Professional Development Record (Staff Training Record)

Each staff member must have a minimum of 20 hours of Professional Development (training) annually. If an employee has been **employed less than one year**, the employee should have accumulated training hours equal to the amount of time worked (example 6 months of work would require 10 hours training). The number of Professional Development hours required of staff who are not full time employees must be proportionate to the number of hours worked.

Professional Development Category	List hours below						
1. Child Growth & Development							Total hours for this category
2. Detecting & Reporting Child Abuse/Neglect							Total hours for this category
3. Guidance & Behavior Management							Total hours for this category
4. Food Handling Techniques							Total hours for this category
5. Identification and Prevention Of Communicable Disease							Total hours for this category
6. Program Health & Safety							Total hours for this category
7. Nutrition for Children							Total hours for this category
8. Program Management & Regulation							Total hours for this category
9. Communication & Relations with Staff							Total hours for this category
10. Cultural Diversity							Total hours for this category
11. Learning Environments							Total hours for this category
12. Age-appropriate Activities & Planning							Total hours for this category
13. Professionalism							Total hours for this category
14. Partnership with Parents							Total hours for this category
15. Inclusion of All Children							Total hours for this category
16 First Aid							Total hours for this category
17. CPR							Total hours for this category
Total professional development hours for current year → → (Please attach professional development certificates to this form)							

Note: 1 completed college credit= 15 hours of professional development

1 completed CEU= 10 hours of professional development

Staff Name: _____ **Hire Date:** _____ **Training Year:** _____

Before and After School Care Professional Development Record (Staff Training Record)

Each staff member must have a minimum of 10 hours of Professional Development (training) annually.

Professional Development Category	List hours below						
1. Child Growth & Development							Total hours for this category
2. Detecting & Reporting Child Abuse/Neglect							Total hours for this category
3. Guidance & Behavior Management.							Total hours for this category
4. Food Handling Techniques							Total hours for this category
5. Identification & Prevention of Communicable Disease							Total hours for this category
6. Program Health & Safety							Total hours for this category
7. Nutrition for Children							Total hours for this category
8. Program Management & Regulation							Total hours for this category
9. Communication & Relations with Staff							Total hours for this category
10. Cultural Diversity							Total hours for this category
11. Learning Environments							Total hours for this category
12. Age-appropriate Activities & Planning							Total hours for this category
13. Professionalism							Total hours for this category
14. Partnership with Parents							Total hours for this category
15. Inclusion of All Children							Total hours for this category
16. First Aid							Total hours for this category
17. CPR							Total hours for this category
Total professional development hours for current year → → → (Please attach professional development certificates to this form)							

Note: 1 completed college credit= 15 hours of professional development
1 completed CEU= 10 hours of professional development

PROGRAM ANNUAL TRAINING PLAN

Program Name _____ Planning Year _____

The training plan developed for staff should contribute to improving the overall skill levels of each staff. This form assists in planning the training for the upcoming year. Because several hours of training are required, planning ahead will help ensure training is pertinent to staff needs, conveniently timed, and spread out so staff are not expected to do all required hours in the last month of the year. Training represents an important avenue to improving the quality of child care programs.

Please indicate below how the director and staff members will obtain the required hours of training.

Staff will receive training on a: monthly basis quarterly basis other (*please explain*)

Please indicate who will provide the training for staff (*check all that applies*):

- ☐ Early Childhood Enrichment Program
- ☐ On-line Training
- ☐ Conferences or Workshops Offered
- ☐ Program Director (*in-house*)
- ☐ Other Child Care Staff (*in-house*)
- ☐ Other Program Employees (*in-house*)
- ☐ Community Agencies
- ☐ Other, please list

If in-house training will be offered, please complete the information below. Trainers must be knowledgeable in the area they are providing training. Attach a copy of the training outline and verify the trainer's expertise in that area. One individual usually is not qualified to provide training in all areas. (Please attach an additional sheet if necessary)

Name of Trainer	Training Category/Content	Coursework on Topic

Employee Application

Employment Date: _____

Name: _____
Last First Middle Maiden

Current Address: _____
Street & Number City State Zip

Telephone Number: _____ Social Security No: _____

In Case of Emergency Notify: _____

Relationship: _____ Phone: _____

Are You Presently Employed? **(Y) (N)** May We Contact Current Employer? **(Y) (N)**

Do you drive? **(Y) (N)** Do you have a valid driver's license? **(Y) (N)**

Do you have experience in caring for children? **(Y) (N)** If yes, explain _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain (including the date of all convictions) _____

Education

School Name	Location	Major/ Specialization	Level or Degree Completed	Dates Attended

Please list any additional experience, schooling, or special qualifications: _____

Employment

Start with your present position or last position and work back. If you were ever employed in any position under a different name, for each position give the name used.

Name and Address of Organization	Dates Employed	Start/End Salary	Job Title Duties	Reason for Leaving

References

List three (3) persons not related to you, and who can furnish information about you. Do not repeat names of supervisors furnished in the employment record.

Full Name	Business/Home Address	Occupation	Telephone

Applicant Signature

Date

Employee Reference Checks

All job candidates should be required to list references on their application form, and all references should be contacted by the hiring agency to obtain relevant information about the candidate. See page 16 of this section for a sample reference form.

In addition, it may be useful to contact previous co-workers and parents of children who have been under the care of the applicant. Since most people tend to report only favorable information about others, the inquirer must usually ask open ended questions to get a full story. This may require spending some time describing the job for which the candidate has applied, discussing the candidate's past job responsibilities and performance and talking about potential performance in the new job. Possible questions to be asked as a part of a reference check might include:

1. How does the applicant relate to children? Does the applicant enjoy working with children and do children enjoy being with the applicant?
2. Did the applicant come to work on time?
3. How often was the applicant absent from work?
4. How well does the applicant accept responsibility?
5. Is the applicant reliable in terms of being prepared for the job at hand and completing jobs assigned?
6. Does the applicant handle problems well and persevere until the job is completed?
7. How well does the applicant get along with supervisors, subordinates, and parents?
8. Is the applicant considered easy to work with?
9. Is the applicant cooperative?
10. Is the applicant honest and trustworthy?
11. In what areas of the new job would you expect the candidate to do very well? With what areas would the candidate have problems?

EMPLOYEE REFERENCE FORM

Your name has been given as a reference for _____ who will be working at _____, a licensed child care or before and after school program.

Please answer the following questions to help assess this individual's ability to relate to others and to care for and supervise children. Return your completed form to:

Name Address City/State Zip Code

1. How long have you known this individual? In what way? Explain.
2. Are you aware of this individual having past experience caring for or working with children? Explain.
3. How well will this individual work in a child care or school age setting?
4. What do you think are the positive qualities that parents and children would like about this individual? Why would you choose this individual to care for children?
5. Are you aware of any incidents of child abuse or neglect in connection with this individual?
6. Do you know if this individual has been convicted of *any* crimes? If yes, explain.
7. Is there anything about this individual that would hinder his or her performance at work?

Reference Name/Signature

Date

BACKGROUND CHECK

A background check is required for all individuals who care for and/or supervise children, including Directors, and staff, and anyone who has unsupervised access to children, in a licensed program. The information requested is used to help identify the individual being screened and to ensure the correct background record is obtained. This information is kept confidential.

The following checks are completed:

1. Permission to Screen form. This form is for screening providers against the Central Registry of Child Abuse and Neglect. This screening does not include any criminal convictions. The Permission to Screen form and instructions for completing the form are found in Section 2. Submit this form to Child Protection Services at 700 Governors, Pierre, SD 57501. This form is submitted and the results received back, prior to the staff person working in the program.
2. Declaration of Prior Criminal Conviction and Military History Form. List all convictions including misdemeanors and felonies. If there were no convictions, the staff person writes "none". This remains in the staff person employment file at the program. This form provides information regarding the potential staff persons military history and provides information as to what crimes should be included in the background check.
3. Division of Criminal Investigation (DCI) fingerprint card. Fill out and sign the front and back of the card. This check identifies any criminal convictions in South Dakota. Submit this card to DCI, at the address on the front of the card. These cards are submitted to DCI within 14 days after hiring the individual.
4. The director searches the South Dakota Sex Offender Registry. Written documentation of the results are kept on file at the program. A sample documentation form is located in this section of the policy handbook.

When the background checks are completed for the Central Registry and the Sex Offender Registry, the licensed program will determine if the potential employee meets the standards of the licensing requirements and if so, can then be hired. If there are questions about the results, contact your licensing specialist. The program director will submit the DCI fingerprint card, within 14 days of hire. When the results of that check are obtained, the director will then ensure the results of that check are within the qualifications set in regulation.

Ineligibility to work in a child care program is determined if the potential helper's name is listed on the Central Registry of Child Abuse and Neglect, listed on the Sex Offender Registry, or if the helper was convicted of any crime that prohibits employment, including:

- A crime indicating harmful behavior toward children;
- A crime of violence as defined in SDCL 22-1-2 or a similar statute of another state, including, but not limited to, murder, rape, pedophilia, assault, riot, robbery, burglary
- in the first or second degree, arson, kidnapping, felony sexual contact, child abuse or neglect.
- Felony convictions of spousal abuse, physical assault or battery.
- A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statute of another state; or
- A substantiated report of child abuse or neglect;
- Within the preceding five years, a conviction for any other felony.

In addition, a helper is ineligible for employment if they:

- Knowingly make false statements in connection with this background check;
- Are registered, or required to be registered, on a Sex Offender Registry; or
- Refuse to consent to the background check.

SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.11 requires all licensed programs to ensure that no individual hired to work or volunteer has their name listed on the Sex Offender Registry. The Registry check is performed prior to the potential employee having contact with children in the licensed program. This form can serve as documentation of the Sex Offender Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information can be obtained from a local sheriff or police department.

Name of Applicant: _____

Other names used by Applicant: _____

Address: _____ City: _____

County: _____ Zip Code: _____

Name and Title of Person checking the Sex Offender Registry for the above individuals name:

_____	_____
Name	Title

Results of the Sex Offender Registry Check:

☐ Yes, the name appeared on the Sex Offender Registry.

☐ No, the name did not appear on the Sex Offender Registry.

Date of check: _____

Signature of person completing check: _____

NOTE: File this form in the individuals employment file at the child care program.

**PROCEDURES FOR IDENTIFYING CHILD ABUSE AND NEGLECT
AND
ACKNOWLEDGEMENT OF RESPONSIBILITY TO REPORT**

Please read the following definition of an abused child, the signs of child abuse and neglect, and the requirements for reporting according to state law. Your signature affirms that you have read and understand the definition and policy.

DEFINITION OF ABUSED CHILD

Within South Dakota statute, the term custodian includes a child care provider. South Dakota Codified Law (SDCL) 26-8A-2 In this chapter and chapter 26-7A, the term, abused or neglected child, means a child:

- (1) Whose parent, guardian, or custodian has abandoned the child or has subjected the child to mistreatment or abuse;
- (2) Who lacks proper parental care through the actions or omissions of the child's parent, guardian, or custodian;
- (3) Whose environment is injurious to the child's welfare;
- (4) Whose parent, guardian, or custodian fails or refuses to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the child's health, guidance, or well-being;
- (5) Who is homeless, without proper care, or not domiciled with the child's parent, guardian, or custodian through no fault of the child's parent, guardian, or custodian;
- (6) Who is threatened with substantial harm;
- (7) Who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture;
- (8) Who is subject to sexual abuse, sexual molestation, or sexual exploitation by the child's parent, guardian, custodian, or any other person responsible for the child's care;
- (9) Who was subject to prenatal exposure to abusive use of alcohol, marijuana, or any controlled drug or substance not lawfully prescribed by a practitioner as authorized by chapters 22-42 and 34-20B; or
- (10) Whose parent, guardian, or custodian knowingly exposes the child to an environment that is being used for the manufacture, use, or distribution of methamphetamines or any other unlawfully manufactured controlled drug or substance.

SIGNS OF ABUSE AND NEGLECT

Indicators of Physical Abuse:

- Unexplained bruises or welts
- Unexplained burns
- Unexplained fractures
- Unexplained lacerations or abrasions
- Child is wary of or suddenly frightened of caregiver or someone in the household.
- Child tells parents of injuries or abuse.
- Child shows behavior extremes – aggressiveness or withdrawal.

Indicators of Physical Neglect:

- Lack of consistent supervision.
- Unattended physical needs (i.e. diaper changes, bottle feedings, no meals or snacks).

Indicators of Emotional Abuse:

- Failure to thrive.
- Speech disorders.
- Habit disorders (i.e. sucking, rocking, biting).
- Extreme behaviors

Indicators of Sexual Abuse:

- Difficulty walking or sitting.
- Pain or itching in genital area.
- Bruises or bleeding in external genitalia
- Child tells parents of sexual contact by caregiver or someone in the household.

SDCL 26-8A-3 mandates all licensed or registered child care providers, who have reasonable cause to *suspect* that a child under the age of eighteen has been abused or neglected, report that *suspicion* to the Department of Social Services Child Protection Services Intake at **(877) 244.0864** or Local Law Enforcement at _____. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor (a \$2,000 fine and /or 1 year in jail).

Administrative Rule of South Dakota (ARSD) 67:42:10:22 (for licensed programs) and ARSD 67:42:14:14 (for OST programs) outlines staff responsibility for reporting suspected incidents of child abuse or neglect. These rules state that the staff person, in addition to reporting the abuse to State's Attorney, law enforcement or the Department of Social Services should report the incident to the executive director, the proprietor, or a designee. The executive director is then also responsible for reporting the incident and cooperating fully in the investigation.

ARSD 67:42:10:23 (for DCC and GFDC) and ARSD 67:42:14:16 (for OST) outlines center procedures for handling suspected in-house child abuse. These rules require the center to have written procedures for handling suspected in-house child abuse. The procedures include a means to assure the children are safe pending the outcome of the investigation of the staff involved. If a staff member/volunteer is involved, the program is required to have measures in place that prevent that employee from having contact with children during the investigation.

ACKNOWLEDGEMENT STATEMENT

I have read the above state law definition of abused child and reviewed the indicators of abuse and neglect. I understand the laws and rules related to the reporting of child abuse and neglect. My signature affirms my responsibility to report to the Department of Social Services or Law Enforcement any time I suspect a child has been abused or neglected.

Signature

Date

NOTE: A copy of this document is to be given to the employee for their use. Place the original in the employee's file as documentation they signed this statement.

PROGRAM OVERVIEW

As good business practice, an overview of program policies and procedures as well as expectations for staff behaviors, can help to obtain positive outcomes from staff.

✓ Covered	Specific Child Care Program Requirements
	1. Review expectations for employee's work schedule
	a. days and times to be at work
	b. requests for sick leave
	c. requests for vacation leave
	d. time sheets and payroll needs
	2. Lines of Supervision and employee's responsibilities
	a. review written personnel policies
	b. discuss daily responsibilities for employee
	c. handling emergencies or unusual situations
	d. lines of communication
	e. staff member job duties
	f. employee evaluation
	h. relating positively to children and other persons
	i. assisting children with developmental needs
	3. Review services provided by program
	4. Training needs for employees
	a. orientation training within 90 days of employment
	b. annual training requirements/attendance
	5. Laws and rules governing licensing
	a. review licensing regulations
	b. review center's written program policies
	c. specifically discuss
	• reporting suspicions of child abuse/neglect
	• discipline techniques approved
	• child to staff ratio requirements
	• hand washing
	• supervision of children
	6. Review emergency preparedness plan and procedures for fire, tornado, or other emergency or disaster situation drills.
	7. Other program policies and procedures

Employee Signature

Date of completion

Facility Director/Manager/Owner

Date of completion

Staff Orientation
Licensing Orientation Training Requirements
All topic areas to be completed within 90 days of hire

Required Training Topic Area	Date of Training	Name of Trainer/Training Content
1. Prevention and control of infectious diseases		
2. Prevention of sudden infant death syndrome and use of safe sleeping practices		
3. Administration of medications		
4. Prevention of and response to emergencies due to food an allergic reactions		
5. Building and physical remises safety		
6. Prevention of shaken baby syndrome and abusive head trauma		
7. Emergency preparedness and response planning		
8. Handling and storage of hazardous materials and appropriate disposal of bio-contaminants		
9. Appropriate precautions in transporting children		
10. Reporting child abuse and neglect		
11. First Aid		
12. CPR		

Employee Signature: _____ **Date Completed:** _____

Director Signature: _____ **Date Completed:** _____

EMPLOYEE EVALUATION

Employee Name: _____ **Date of Evaluation:** _____

1 – Poor 2 – Fair 3 – Average 4 – Above Average 5 – Excellent

- | | |
|--|-----------|
| 1. Friendly, with the ability to relate positively with people. | 1 2 3 4 5 |
| 2. Enjoys the egocentricity of children. | 1 2 3 4 5 |
| 3. Speaks clearly and distinctly. | 1 2 3 4 5 |
| 4. Demonstrates tact, compassion, empathy for children. | 1 2 3 4 5 |
| 5. Tolerant and considerate of differences in children/adults. | 1 2 3 4 5 |
| 6. Understands humor and jokes of pre-school children. | 1 2 3 4 5 |
| 7. Shows a sense of humor with children; laughs with them. | 1 2 3 4 5 |
| 8. Smiles and shows enjoyment often. | 1 2 3 4 5 |
| 9. Is dependable and energetic. | 1 2 3 4 5 |
| 10. Makes real effort to become very involved in the program. | 1 2 3 4 5 |
| 11. Enthusiastic and excited about teaching. | 1 2 3 4 5 |
| 12. Indicates desire to keep up in the field of early childhood. | 1 2 3 4 5 |
| 13. Grows in ability to critically evaluate self. | 1 2 3 4 5 |
| 14. Can follow directions. | 1 2 3 4 5 |
| 15. Accepts and uses suggestions to improve teaching. | 1 2 3 4 5 |
| 16. Accepts share of responsibility and tasks assigned. | 1 2 3 4 5 |
| 17. Accepts individual differences. | 1 2 3 4 5 |
| 18. Uses a positive approach with children. | 1 2 3 4 5 |
| 19. Alert to full group of children at all times. | 1 2 3 4 5 |
| 20. Remains controlled in "startling" or difficult situations. | 1 2 3 4 5 |
| 21. Assists children in gaining self-confidence. | 1 2 3 4 5 |
| 22. Displays a general positive attitude toward other adults. | 1 2 3 4 5 |
| 23. Responds well to other adults. | 1 2 3 4 5 |
| 24. Respects the rights of others in group. | 1 2 3 4 5 |
| 25. Welcomes new ideas and demonstrates flexibility. | 1 2 3 4 5 |
| 26. Evidences growth and potential for it. | 1 2 3 4 5 |
| 27. Demonstrates knowledge of child growth and development. | 1 2 3 4 5 |
| 28. Demonstrates knowledge of age appropriate activities. | 1 2 3 4 5 |
| 29. Is positive and supportive of parents. | 1 2 3 4 5 |

Employee Signature

Date

Supervisor Signature

Date

SERIOUS INJURY REPORT FORM

Administrative Rule 67:42:16:09 requires child care provider to report serious injuries to Child Care Services within 24 hours of the injury. Child Care Services describes a serious injury as any physical injury that requires professional medical treatment.

Today's Date: _____

Program Information

Name of Child Care Program _____

Address of Child Care Program _____

County Where Child Care Program is Located: _____

Program Contact Person: _____ Phone Number: _____

Injured Child's Information

Child's Name: _____ Date of Birth _____ Gender _____

Name of Parent/Guardian: _____

Date Parent Notified: _____ Notified By Whom: _____

Injury Information

Date of injury: _____ Injury time: _____ AM PM

Type of Injury: _____

Body Part Injured: _____

Description of How and Where the Injury Occurred: _____

Type of Medical Treatment Required:

Was parent notified: Yes___ No___ If yes, by whom: _____

Witness to the incident: _____

Printed Name

Signature

Witness to the incident: _____

Printed Name

Signature

Report completed by: _____ Date: _____

Parent/Guardian Signature: _____

NOTE: All serious injuries (that require doctor or hospital attention) or the death of a child, are to be reported immediately to the licensing specialist.

Playground Safety Checklist

Important tips to help ensure playgrounds are safe for children.

1. **PLAY SURFACE.** Since almost 60% of playground injuries are from falls to the ground, the surface of the play area is of utmost importance. Areas under play equipment should have at least 12 inches of wood chips, pea rock, etc.
2. **FALL ZONE.** The protective surface should extend 6 feet in all directions around the play equipment. This area is referred to as the “fall zone”. If a child falls off a piece of equipment, it is likely he or she will fall in an area surrounding the equipment and not necessarily directly under the equipment.
3. **SAFE EQUIPMENT.** The height of the equipment should be age and developmentally appropriate to the group of children using the equipment. The spacing of equipment is also a consideration for moving equipment such as swings. Consider using 24 inches between swings and 30 inches between the structure and swings.
4. **POTENTIAL HAZARDS.** Be on the lookout for possible head entrapments or entangling hazards. These could be situations where there are openings in rails or guardrails. An “S” hook can act as a catch point.
5. **EQUIPMENT MAINTENANCE.** Conduct an inspection of the equipment on a regular basis to assure it is in good condition. It is important that there are no protruding sharp edges or bolts, tripping hazards, pinch or crush points, chipping paint, splinters, decayed wood, corrosion, missing or damaged equipment.
6. **PLAYGROUND MAINTENANCE.** Assure grass is mowed, weeds are under control, surfacing is in good condition, and elevated surfaces have rails.
7. **SUPERVISION.** Staff should be located around the playground to Interact and supervise children. At least one staff person should be stationed at all climbing equipment.

FIRE DRILL RECORD

Year_____

Date	Time	Number of Adults	Number of Children	Evacuation Time	Comments

TORNADO DRILL RECORD

Year_____

Date	Time	Number of Adults	Number of Children	Time Taken to Shelter all Children	Comments

Sample Activity Plan Form

Monthly Theme: Insects		Classroom: Preschool		Teacher: Janet	
	Mon	Tues	Wed	Thur	Fri
Centers: Table/ Manipulatives Blocks/Large Motor Art	Match the insect card game Make bee wings to wear outside	Match the insect card game Paint insects including flies using child's thumbprint as body	Kids form the first letter of their name using pictures of an insect or insects that starts with the same letter	Sort pictures of insects by those that fly, crawl, etc. Make spider legs to wear outside	Sort pictures of insects by those that fly, crawl, etc. Free paint at easle
Group Time: Music/Song Literature Language Development	Read books about bees Discuss types of bees (queen, worker, etc)	Sing: There was an old lady who swallowed a fly.	Kids think of an insect that starts with the same letter as their name.	Sing "Eensy Weensy Spider" with finger play Read about spider webs	Read The Hungary Catepillar book
Large Motor: In/Outdoor Physical Dev Social Dev Self Help Skills	Build an ant farm; fly like bees; choose a queen for the day and the rest are worker bees Honey for snack	Inspect the ant farm Act as a fly	Inspect the ant farm Act as a grasshopper	Inspect the ant farm Act as a spider	Crawl through tunnel
Science & Math: Cognitive Development	Visit a bee keeper Attempt to count the number of bees in the hives	Collect a moth to watch grow into a caterpillar	Find picture with several insects and have the children count how many there are	Examine spider webs	Play Where Do You live by naming where different insects live
Outdoor Activities:	Buzzing tag game	Parachute play	Hopping	Spider web game	

THE LICENSING POLICY HANDBOOK SECTION 4 – RESOURCES

	Page
Frequently Asked Questions	69
Bleach Water Sanitizing Chart	71
Guidelines For Using A Bleach Sanitizer	72
Diapering Changing Procedures	74
Hand Washing Techniques	75
Handling Bio-contaminates Poster	76
3-Compartment Sink Dishwashing Method	77
Safe Food Handling Techniques	78
USDA Food Patterns for Children	81
USDA Sample Menus	82
Inclusion of All Children	83
Naming Your Business	84
Indicators of Child Abuse and Neglect	86
Tips for Reporting Child Abuse and Neglect	89
Reporting Child Abuse and Neglect	90
Early Childhood Enrichment (ECE) Program Sites	91
Additional Resources	92
Transportation Flyer	93
Serving Children and Families Experiencing Homelessness	95
Americans With Disabilities Act (ADA)	97

Frequently Asked Questions

1. Q: When do I need a license to provide child care? A license is required before operation of a child care program caring for more than 12 children at any one time, or any program located outside a family home.

2. Q: Can I operate a child care program during the licensing process? No. A license is required before operation of the program begins. The licensing process assures that the building is safe for children.

3. Q: What is meant by reporting changes of circumstances? A program Director/owner is required to report any change that could impact the license of the facility.

When applying for a license, the owner/director completes an application with specific information about staff who will operate the program, staff qualifications, insurance documentation, etc. A floor plan review is conducted that approves specific facility space for use with children and the number of children allowed. A license is issued, based on approval of that application information, and indicates the location of the licensed facility, the number of children in care, etc. Any changes to these approved items would make the license invalid if they were not first approved by the licensing specialist. Additional issues to be reported to the licensing specialist that relate to the licensing regulations are as follows:

- The program is to report a change in director or program planner. The person filling these positions is listed initially on the application and approved through the application process as meeting specific educational qualifications. If the individual in this position changes, CCS ensures the new director meets qualifications.
- The program is to report a move to a new building. A license is issued initially for a specific address and does not transfer to a new location. A new space is not approved until a floor plan review has taken place to ensure requirements are met. A new license would be issued after the new space is approved through a plan review.

If a program plans to make changes to the interior of the licensed space or add a new room to be used, that space needs to be approved prior to making the change. Until the new space is approved, children should not occupy it.

- Any disaster such as a fire or flooding in the program is to be reported. CCS staff will assist the program in determining whether children are safe in the building after the disaster or if other arrangements should be made. The fire alarm needs to be reviewed to assure it is in working condition, etc.
- If any program staff have contact with Law Enforcement, Child Protection Services, etc., that is to be reported so the licensing specialist can assess the involvement and determine whether staff still meet qualifications of employment. In addition, the licensing specialist can provide assistance to the child care director as to the process of the investigation, whether the staff person should be prohibited from having access to children, etc.
- Staff should report an injury that happens to a child in care. The licensing specialist can assist the program in assuring the situation could not reoccur and assist in communicating with staff and parents if necessary.

These are a few circumstances that could occur that would need to be reported to your licensing specialist. Make sure any change that affects the license, the space approved for care, or the care of children in the program, is reported to Child Care Services.

BLEACH WATER SANITIZING CHART

Household bleach mixed with water is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. **Before using any sanitizer other than bleach, contact your licensing specialist for approval to use the product.** Household bleach can be purchased containing different percentages of chlorine including, but not limited to, 5.25%, 6.15%, and 8.25% chlorine. Some brands have lower percentages of chlorine.

In order to determine the correct concentration of chlorine to ensure proper disinfection for the different areas of a child care program, use the following chart. If the bleach being used is a different concentration, test strips can be used to test the solution or a calculator at the following site can be used to determine the proper concentration:

<http://www.indigo.com/sanitizer-dilution-calculator.php>.

Concentration for bleach with **5.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, dining tables, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	¼ ounce	1 gallon	100	67:42:11:07

Concentration for bleach with **6.15%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, dining tables, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	1¼ teaspoon	1 gallon	100	67:42:11:07

Concentration for bleach with **8.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	¾ ounce	1 quart	1600	67:42:11:06.01
Food contact areas, dining tables, toys	1¼ Tablespoon	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1¼ Tablespoon	4 gallons	100	67:42:11:07
Wiping clothes	¾ teaspoon	1 gallon	100	67:42:11:07

*PPM = Parts per million is a scientific terms to describe a concentration level. It is used here to describe the concentration of bleach to water needed to kill germs in particular area of a day care.

GUIDELINES FOR USING A BLEACH SANITIZER

Household bleach, at 5.25% or 6% chlorine, with water is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. If bleach is found to be corrosive on certain materials, a different sanitizer may be used. **Before using any sanitizer other than bleach, contact your licensing specialist for approval to use the product.**

- Household bleaches are acceptable only if the labels indicate they are EPA registered. You must be aware of the percentage of chlorine within the container; regular bleach is 5.25% or 6% chlorine. Always check the label for concentration levels.
- A solution of bleach and water loses its strength and is weakened by heat and sunlight. Therefore, mix **a fresh bottle of bleach solution every day** for maximum effectiveness.
- Cool water between 75 and 120 degrees F should be used when mixing the bleach with water. Temperatures above 120 will cause the bleach to evaporate faster out of the water.
- Before using a bleach solution to sanitize a surface, first clean the surface with detergent and water to remove any visible surface "soil" (food, saliva, etc.). Any soil left on the surface will neutralize the sanitizer and the surface will not be properly sanitized.
- Bleach is an effective disinfectant that reacts quickly and breaks down quickly into mainly salt and water. It leaves no active residue on the surface and needs no rinse. A sanitizer must be in contact with the germs long enough to kill them. For example, bleach water applied from a spray bottle to cleaned and rinsed surfaces, the minimum contact time is 2 seconds. For cleaned and rinsed dishes

submerged in a container that is filled with properly prepared bleach solution, the minimum contact time is 10 seconds.

- All spray bottles and other containers in which sanitizers have been diluted for direct application must be labeled with the name of the solution (such as bleach sanitizer) and the dilution (i.e. 200 ppm, 1600 ppm). Keep all containers and bottles of diluted and undiluted sanitizer out of the reach of children.
- Bleaches that are scented or oxygen bleaches (sometimes labeled as color-safe bleach) are not acceptable for use as sanitizers in child care programs.
- **Bleach disposable wipes cannot be used in place of a bleach water solution.** The wipes do not contain enough active ingredients to effectively sanitize a surface within a short period of time.

DIAPER CHANGING PROCEDURES

1. Organize needed supplies within reach of the diapering area so child is never left unattended on the changing table:
 - ✓ fresh diaper and clean clothes (if necessary)
 - ✓ dampened paper towels or pre-moistened towelettes for cleaning child's bottom
 - ✓ child's personal, labeled, ointment (if provided by parents)
 - ✓ trash disposal bag
2. Place child on changing surface. Diapering surfaces should be smooth, nonabsorbent, and easy to clean.
3. If using gloves, put them on.
4. Remove soiled diaper and fold surface inward. Place diaper in a plastic-lined trash receptacle with a tight fitting lid.
5. Clean skin with disposable cloth, removing all soil. Place the soiled cloth in trash receptacle.
6. Fasten fresh diaper in place.
7. If you are wearing gloves, remove and dispose of them.
8. Wash hands.

NOTE: The diapering area is required to be next to a sink with running water so hands can be washed without leaving the child unattended.
9. Wash the child's hands under running water.
10. Dress the child. Remove child from the changing area.
11. Clean changing surface with a sanitizing solution and disposable cloth. A bleach water solution works the best and is the most economical. Cloths such as Clorox wipes, do not kill the Giardia germ so are not to be used. If a product besides bleach is used, the label must be sent to the licensing specialist for approval of the product.
12. Wash your hands thoroughly with soap and running water.

Don't forget – diapering is a time the adult and child have to themselves, make the best of that time by talking or singing to the child.



Hand Washing

1. Run hands under warm water.
2. Lather with soap.
3. Rub hands together for 20 seconds.
4. Rinse under water.



5. Dry hands with paper towel or air blower.



Hand sanitizers should not be used as a replacement for soap and running water when hand washing is required.

They are fine for special circumstances such as a picnic lunch where no water is available.

HANDLING OF BIO-CONTAMINATES



1. Blood, body fluids and soiled materials should never touch your skin.



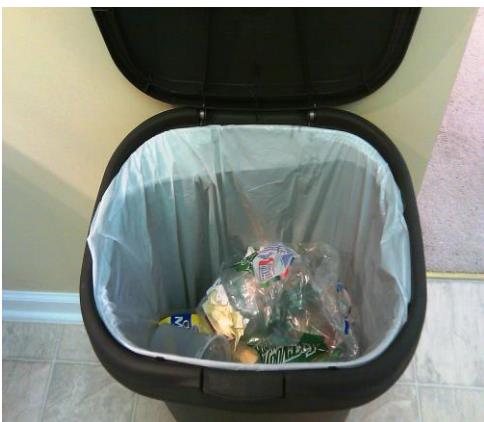
2. Wear plastic gloves



3. Put soiled clothing in a plastic bag



4. Clean and Sanitize



5. Place in container lined with plastic.



6. Wash hands

3-COMPARTMENT SINK DISHWASHING METHOD

Dishes in a child care program should be washed and sanitized to control the spread of communicable diseases. Child Care Programs are required to wash dishes either in a dishwasher or by the 3-compartment sink method.

The process for hand washing dishes using the 3-compartment sink method is to follow the **W R S** method.

W = Wash.

Place the dishes in the first sink filled with 120 degree water and detergent.

R = Rinse.

In the second sink, thoroughly rinse dishes in clean hot water. This is very important to get all food and soap off the dishes before sanitizing.

S = Sanitize.

Sanitize each dish in warm water that contains no less than 50 parts per million (PPM) chlorine bleach for two minutes.

SAFE FOOD HANDLING TIPS

Keeping Food Safe

1. Clean and Sanitize

- Always wash hands with soap and warm running water before handling food.
- Always wash cutting boards, knives, utensils, and dishes with the 3-compartment sink method described in this section or in a mechanical dishwasher.
- Always wash countertops with soapy, hot water and then sanitize with a solution of 1 ounce household bleach to 2 gallons of water.
- Consider using paper towels to clean up the kitchen surfaces. If cloth towels, dishcloths, or sponges are used, sanitize them in between uses in a bleach water solution to prevent the spread of germs and bacteria.
- Wash dinner tables before and after use and then sanitize with a solution of 1 ounce bleach to 2 gallons of water.

NOTE: Not all products listed as a sanitizer work in the same way. For this reason, CCS recommends household bleach as the sanitizer because it is economical to use and kills the germs and bacteria common in a kitchen area.

Some sanitizers leave a residue on the counters or equipment that can be harmful. If a sanitizer other than household bleach is used, it will need to be pre-approved by CCS to assure that it kills germs associated with kitchen areas and is safe to use around food and food preparation areas.

2. Storage

- All foods served should be from an approved source such as grocery store or food wholesaler. Wild game, home canned foods, or unpasteurized dairy products should not be served. Fresh fruits or vegetables from a garden can be served if scrubbed thoroughly under running water.
- Store unopened, non-perishable foods on shelves at least 6 inches off the floor. Cupboards should keep food free of insects, dirt, etc.
- Never store food under plumbing lines where drips could contaminate it.

3. Refrigeration

- Refrigerator temperature should be maintained at no higher than 41°F. Store meats, fish, and dairy products in the coldest part of the refrigerator.
- Store refrigerated meats in a nonabsorbent container so juices don't drip on other foods.

4. Freezing/Thawing Foods

- Freezer temperatures should remain at 0°F or colder.
- Freezer temps slow bacteria growth but do not kill bacteria.
- Thaw food either overnight in the refrigerator or defrost in the microwave immediately before cooking. Do not thaw foods on the counter, bacteria can grow as meat thaws at room temperature.
- Never refreeze food that has been previously thawed. During thawing, bacteria can grow and remember freezing does not kill it.

5. Mold

- If you see mold on meat, poultry, or in cottage cheese, jelly, or other semi-solid foods, throw the whole product out. You cannot completely remove mold from this type of foods.
- If a slice of bread is moldy, throw the entire loaf. The mold roots might have spread to other slices, which you cannot yet see.
- If you find mold on cheese you can cut away a 1-inch section surrounding the mold and throw that portion out. You can eat the rest of the cheese if you don't see any more mold.

6. Cooking

- Thoroughly cook food to recommended internal temperatures to kill bacteria, viruses, and parasites. Use a food thermometer to make sure meats, chicken, turkey, fish, and casseroles are cooked to a safe internal temperature. Cook roasts to at least 145° F.; cook ground meat to at least 160° F.; and cook whole chicken or turkey to 180° F.

- Cook eggs until the yolk and white are firm, not runny. Do not let children eat foods, such as cookie dough, that contain raw eggs.
- Cook fish until it flakes easily with a fork.
- When using a microwave oven, check internal temperatures of foods. Cold spots are common in foods cooked in a microwave. These spots can support bacteria growth.

7. Safe Cooling and Reheating of Foods

- Cook food completely. Never partially cook food, let cool, and finish cooking later. Bacteria can grow and form toxins that will not be killed by further cooking.
- Refrigerate or freeze leftover foods right away. Meat, chicken, turkey, seafood, and egg dishes should not sit at room temperature for more than 2 hours. Left-over food being saved should be cooled completely within 4 hours after cooking.
- Use left-over foods within 2 days after cooking.
- Previously cooked food should be reheated only once. Rapid reheating of foods can kill bacteria but not toxins.

Keeping the Childcare Environment Safe

1. Pets should always be kept away from food preparation areas such as tables and counters.
2. Pet food should be out of children's reach.
3. Before handling food, hands should be washed with soap and water for at least 20 seconds.
4. For food preparation, use utensils and surfaces that have been cleaned and sanitized.
5. Children's hands should be washed before and after meals and after outside play.

USDA FOOD PATTERNS FOR CHILDREN

Child Care Meal Pattern Breakfast

Select All Three Components for a Reimbursable Meal

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable Juice fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup

2016

Child Care Meal Pattern Lunch or Supper

Select All Four Components for a Reimbursable Meal

Food Components	Ages 1-2	Ages 3-5	Ages 6-12
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread⁴ bread or cornbread or biscuit or roll or muffin cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters nuts and/or seeds or yogurt	1 oz. 1 oz. 1 oz. 1/2 1/4 cup 2 Tbsp. 1/2 oz. 4 oz.	1½oz. 1½ oz. 1½ oz. 3/4 3/8 cup 3 Tbsp. 3/4 oz. 6 oz.	2 oz. 2 oz. 2 oz. 1 1/2 cup 4 Tbsp. 1 oz. 8 oz.

2016

Visit http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Child_Meals.pdf for more information on meal patterns.

USDA CHILD CARE FOOD PROGRAM SAMPLE MENUS

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	banana cereal	orange juice oatmeal	milk English muffin	apples pancakes	apple juice oatmeal
Lunch	peanut butter sandwich grapes carrot sticks milk	Schwan chicken nuggets peaches tater tots bread milk	Cheese sandwich fruit cocktail peas milk	fish sticks french fries mixed vegetables breadstick milk	ground beef mushrooms celery noodles milk
Snack	milk graham crackers	Rice Krispie bars juice	yogurt crackers	orange slices milk	crackers and cheese juice

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	orange juice dry cereal mix	blueberries English muffin	milk oatmeal	apple slices yogurt dip	Bagel bites juice
Lunch	milk tuna carrots apples bread	milk ground beef lettuce cantaloupe tortilla	milk baked chicken green beans fruit cocktail corn bread	milk turkey potato wedges mixed vegetables bread	milk pork chop corn apples rice
Snack	carrot sticks juice	peaches cottage cheese	oyster crackers juice	crackers peanut butter	apples milk

Resources:

Obtain more information from the USDA Child and Adult Care Food Program at the following sites:

<http://www.nutrition.gov/food-assistance-programs/child-adult-care-food-program-cacfp>

<http://teamnutrition.usda.gov/Resources/nutritionandwellness.html>

INCLUSION OF ALL CHILDREN IN A CHILD CARE SETTING

Professionals in licensed child care centers use the term “inclusion” to reflect the different ways children with disabilities can be successfully included in child care programs.

Inclusive child care is not only about including children with a diagnosed disability into a child care program but about arranging a child care environment to meet the needs of **all** children in the program. All children have different needs and strengths which make them individual. If there is one particularly small child in a classroom, a teacher may need to lower some supplies or toys to make them accessible to that child. That is inclusion. Inclusion is about a child care program focusing on the strengths and needs of all the children enrolled in the program and adjusting the environment to assure the child can participate in the activities.

An inclusive child care program does not necessarily look different from any other program. It simply is rearranged or modified so that everyone can join in the activities. Some of these activities may require a bit of extra planning or modifying so that a child with a disability can participate but usually those adjustments are minimal.

Caring For A Child With A Disability

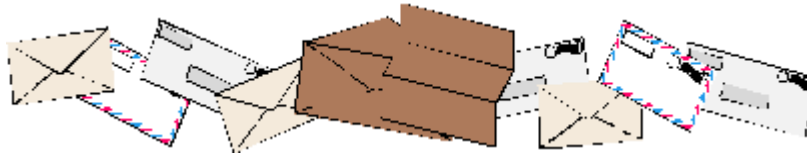
Children with disabilities are as individual as children without disabilities. The adjustments needed for one child with Down Syndrome are not necessarily needed for the next child with Down Syndrome. These two children are no more alike than two children with brown hair.

Like all care arrangements, its important for staff to have open communication with the parent of the child. Staff should depend on the parent and other local resources for information about the particular child and how the disability affects the child so the best care can be provided.

The licensing staff and Early Childhood Enrichment (ECE) Programs are valuable resources for parents and programs to connect to with questions pertaining to inclusive child care.

See page 51 of this section for child care specific information related to the Americans with Disabilities Act (ADA). There are federal ADA requirements child care programs must follow.

Naming Your Business



Any person conducting business in South Dakota for profit should be aware of the legal requirements established in SDCL 37-11-1 when deciding on their business name.

If you choose a name for your business that is not your own name, you need to file your business name with the Register of Deeds in your county.

Need to File for: Little Teddy Bear Daycare or Little Ones Childcare Center

To operate without filing your business name is a Class 2 misdemeanor.

The filing fee is \$10.00 and the filing is good for 5 years.

Please contact your local Register of Deeds office for more information about

filing your business name, or go to the Secretary of State website at:

http://sdsos.gov/content/viewcontent.aspx?cat=corporations&pg=/corporations/trademarks_intro.shtm.

CHAPTER 37-11

REGISTRATION OF BUSINESS NAMES

37-11-1. Misdemeanor to conduct business under business name not filed with register of deeds-Time and fees for filing and renewal. **It is a Class 2 misdemeanor for any person or co-partnership to engage in or conduct a business for profit in this state under any name which does not plainly show the true surname of each person interested in such business unless a statement is filed first.** The statement shall be verified by each person interested in the business, showing the name, post-office address, and residence address of each person interested in the business and the address where the main office of the business is to be maintained. The statement shall be filed in the office of the Register of Deeds in each county where the business is maintained and the filing shall be renewed every fifth year thereafter. A fee shall be charged for each new filing and renewal in accordance with subdivision 7-9-13 (3)

Corporations are filed with the office of the Secretary of State, not filed with the Register of Deeds. Contact the Secretary of State's Office at (605) 773-4845 or on-line at:

http://sdsos.gov/content/viewcontent.aspx?cat=corporations&pg=/corporations/rademarks_intro.shtm

INDICATORS AND REPORTING OF CHILD ABUSE AND NEGLECT

As a child care provider, you are considered a mandatory reporter of child abuse and neglect and may have to report at some point. By reporting, you may save a child's life or prevent serious injury. Abuse and neglect may happen to any child at any time by anyone. By recognizing some common symptoms of abuse and neglect, you can bring about early intervention to alleviate a child's suffering and provide treatment for an abusive person.

Indicators of Physical Neglect

Physical Indicators	Behavioral Indicators
Consistent <ul style="list-style-type: none"> • hunger • poor hygiene • inappropriate dress Consistent <ul style="list-style-type: none"> • lack of supervision, especially in dangerous activities or for long periods Unattended <ul style="list-style-type: none"> • physical Needs • medical Needs Abandonment	Begging, stealing food Extended stays at school; early arrival & late departure Constant fatigue, listlessness or falling asleep in class Alcohol or drug abuse Delinquency; thefts States there is no caretaker

Indicators of Physical Abuse

Physical Indicators	Behavioral Indicators
Unexplained bruises & welts: <ul style="list-style-type: none"> • on face, lips, or mouth • on torso, back, buttocks, or thighs • in various stages of healing • clustered, forming regular pattern • reflecting shape of article used to inflict such as electric cord, belt buckle, etc. • on several different surface areas • regularly appear after absence, weekend or vacation 	Wary of adult contacts Apprehensive when other children cry Behavioral extremes; aggressiveness or withdrawal

<p>Unexplained burns:</p> <ul style="list-style-type: none"> • cigar, cigarette burns, especially on soles, palms, back or buttocks • immersion burns; sock-like, glove-like, • doughnut shaped on buttocks or genitalia, patterned like electric burner, iron, etc. • rope burns on arms, legs, neck or torso <p>Unexplained fractures:</p> <ul style="list-style-type: none"> • to skull, nose, facial structure • in various stages of healing • multiple or spiral fractures <p>Unexplained lacerations or abrasions:</p> <ul style="list-style-type: none"> • to mouth, lips, gums, eyes • to external genitalia 	<p>Frightened of parents</p> <p>Afraid to go home</p> <p>Reports injury by parents</p>
--	--

Indicators of Emotional Abuse








Physical Indicators	Behavioral Indicators
Speech disorders	Habit disorders Sucking, biting, or rocking, etc.
Lags in physical developments	Conduct disorders anti-social or destructive, etc.
Failure to thrive	Neurotic traits sleep disorders or inhibition of play Psychoneurotic reactions Hysteria, obsession, compulsion, phobias or hypochondria Behavior extremes Complaining, demanding, passive or aggressive Overly adaptive behavior inappropriately adult inappropriately infant Attempted suicide

Indicators of Sexual Abuse

Physical Indicators	Behavioral Indicators
Difficulty in walking or sitting	Unwilling to change for gym or participate in PE class
Pain or itching in genital area	Withdrawal, fantasy or bizarre, sophisticated, or unusual sexual behavior or knowledge
Bruises or bleeding in external genitalia, vaginal or anal areas	Poor peer relationships
Venereal disease, especially in pre-teens	Delinquent or run-away
Pregnancy	Reports Sexual Assault by Caretaker

TIPS FOR REPORTING OF CHILD ABUSE AND NEGLECT

Once you suspect or identify abuse or neglect, you need to call the State's Attorney or Child Protection Services at 1-877-244-0864. Before you call, be sure you have the following information about the child, or incident:

-  child's name, address, & phone number
-  child's age and sex
-  parent or guardians (of child), name, address, & phone number
-  day and/or time you first noticed the abuse or neglect
-  any marks on the child & location of the marks or any other symptoms
-  current location of child and of the parent/guardian
-  any other pertinent details/information

When a report of child abuse or neglect is made, as much information as possible will be gathered from the referring person. Without disclosing the source of the report, Child Protection Services will work to determine if there is sufficient information to conclude that the child is at risk.

Contact the local Child Protection Office for more information, training, or to learn about special services available to protect children and strengthen families.

*Report Child Abuse To Protect The Child, Strengthen Families,
And Prevent Abuse*

REPORTING CHILD ABUSE OR NEGLECT

South Dakota Codified Law 26-8A-3 describes child care providers (child welfare providers) as mandatory reporters of child abuse and neglect:

26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor. Any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, **licensed or registered child welfare provider**, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23-3-64(2), who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.

South Dakota Codified Law 26-8A-8 describes who to make a report to:

26-8A-8. Oral report of abuse or neglect--To whom made--Response report. **The reports required by §§ 26-8A-3, 26-8A-6, and 26-8A-7 and by other sections of this chapter shall be made orally and immediately by telephone or otherwise to the state's attorney of the county in which the child resides or is present, to the Department of Social Services or to law enforcement officers.** The state's attorney or law enforcement officers, upon receiving a report, shall immediately notify the Department of Social Services. Any person receiving a report of suspected child abuse or child neglect shall keep the report confidential as provided in § 26-8A-13, except as otherwise provided in chapter 26-7A or this chapter.

The person receiving a report alleging child abuse or neglect shall ask whether or not the reporting party desires a response report. If requested by the reporting person, the Department of Social Services or the concerned law enforcement officer shall issue within thirty days, a written acknowledgment of receipt of the report and a response stating whether or not the report will be investigated.

Report suspicions of child abuse and/or neglect, orally to the local State's Attorney, police or sheriff's department or call Child Protection Services at 1-877-244-0864.

Early Childhood Enrichment (ECE Programs)

There are five ECE programs located across the state that promote the health, safety, and development of young children in early childhood programs by providing training and technical assistance to adults involved in day-to-day care of young children.

Training is provided on a variety of topic areas including infant and toddler care and development, activity planning, taking care of yourself, professionalism, guidance and discipline, child development, parent communication, etc.

Technical assistance, on-site or by phone, is provided on issues such as behavior management, parent communication, and financial management.

The ECE's also have extensive Lending Libraries. Along the same lines as a public library, providers can "check out" toys, resources, and equipment to use in their child care programs.

EARLY CHILDHOOD ENRICHMENT (ECE) PROGRAMS	
Program	Coverage Area
Early Childhood Connections 2218 Jackson Boulevard, Suite 4 Rapid City, SD 57702 342-6464 or 1-888-999-7759	Harding, Perkins, Butte, Meade, Ziebach, Lawrence, Pennington, Haakon, Custer, Jackson, Fall River, Oglala Lakota, and Bennett
The Right Turn 124 E. Dakota Avenue Pierre, SD 57501 773-4755, 1-866-206-8206	Sully, Hyde, Hughes, Stanley, Jones, Lyman, Buffalo, Brule, Mellette, Todd, Tripp, and Gregory
Sanford Children's CHILD Services 110 6 th Ave SE, Suite 201 Aberdeen, SD 57401 605-262-8505 or 1-800-982-6404	Corson, Campbell, McPherson, Brown, Marshall, Dewey, Walworth, Edmunds, Day, Potter, Faulk, and Spink
Brookings Family Resource Network HDCFS Department, Box 2218; SDSU Brookings, SD 57007 688-5730 or 1-800-354-8238	Roberts, Clark, Codington, Grant, Hamlin, Deuel, Hand, Beadle, Kingsbury, Brookings, Miner, Lake and Moody
C.H.I.L.D. Services 1115 W. 41 st Street Sioux Falls, SD 57106 333-0663, 1-800-235-5923	Jerauld, Sanborn, Aurora, Davison, Hanson, McCook, Minnehaha, Charles Mix, Douglas, Hutchinson, Turner, Lincoln, Bon Homme, Yankton, Clay, and Union

ADDITIONAL RESOURCES

Program/Provider Resources

Department of Social Services – Division of Child Care Services (CCS)

<http://dss.sd.gov/childcare/>

- Child care licensing <http://dss.sd.gov/childcare/licensing/>
- Child care subsidy <http://dss.sd.gov/childcare/childcareassistance/>
- Professional development <http://dss.sd.gov/childcare/pathwaystopd/>
- Child care searchable database <https://apps.sd.gov/ss45provinfo/search.aspx>
- Links and resources <http://dss.sd.gov/childcare/linksandresources/>

Other Websites that provide resources and information include:

- Federal Office of Child Care - <http://www.acf.hhs.gov/occ>
- Red Leaf Press – www.redleafpress.org
- Child Care Aware www.childcareaware.org
- National Association For Family Child Care - www.nafcc.org
- National Association for the Education of Young Children – www.naeyc.org
- US Consumer Protection – www.cpsc.gov
- USDA Rural Development (grants and loans)-
<http://www.usda.gov/wps/portal/usda/usdahome>
- Department of Education – Child and Adult Care Food Program –
<http://doe.sd.gov/cans/cacfp.aspx>
- Small Business Administration (business related information and forms)
<https://www.sba.gov/tools/search-result-page?search=child%20care%20business>

A CHILD CARE PROVIDER'S GUIDE TO TRANSPORTING CHILDREN

Did you know?

- ✓ **All occupants of a vehicle up to age 18 years of age, must be buckled up.**
- ✓ **Children under five years of age, and under 40 pounds, are required to use an approved child safety seat in all seating positions.**
- ✓ **Only one occupant is to be restrained in each seat belt.**
- ✓ **Drivers are responsible for all passengers from birth up to age 18, which means the driver can be ticketed for not having children or youth properly restrained.**
- ✓ **This is a primary offense, which means a driver can be stopped for having children or youth not restrained in their vehicle even without another violation.**
- ✓ **South Dakota Laws:**
SDCL 32-37-1 – Use of system required-Violation as petty offense. Any operator of any passenger vehicle transporting a child under five years of age on the streets and highways of this state shall properly secure the child in a child passenger restraint system according to its manufacturer's instructions. The child passenger restraint system shall meet Department of Transportation Motor Vehicle Safety Standard 213 as in effect January 1, 1981. The requirements of this section are met if the child is under five years of age and is at least forty pounds in weight by securing the child in a seat belt. An operator who violates this section commits a petty offense.

32-37-1.1. Operator to assure that passengers between ages five and eighteen wear seat belts. Any operator of a passenger vehicle operated on a public street or highway in this state transporting a passenger who is at least five and under eighteen years of age shall assure that the passenger is wearing a properly adjusted and fastened safety seat belt system, required to be installed in the passenger vehicle if manufactured pursuant to Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. 571.208) in effect January 1, 1989, at all times when the vehicle is in motion. A violation of this section is a petty offense.

Transportation Recommendations:

- **A car seat is not recommended for routine sleep for children in child care or at home. Infants younger than 4 months are particularly at risk because they might assume positions that can create risk of suffocation or airway obstruction.**
- **Infants, birth to 1 year of age - should always ride in a rear-facing car seat.**
- **Toddlers, age 1 year to 3 years - Keep your 1 to 3 year old children in REAR-FACING car seats for as long as possible. It's the best way to keep them safe. They should remain in a rear-facing car seat until they reach the top height or weight limit allowed by your car seat's manufacturer.**

Once outgrown the rear-facing car seat, they are ready to travel in a FORWARD-FACING car seat with a harness.

- **Young Children, 4 years to 7 years of age - A forward-facing car seat with a harness should be used for the child until the child reaches the top height or weight limit allowed by the car seat's manufacturer. Once the child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.**
- **Young Children, 8 years to 12 years of age - Use a booster seat until the child is big enough to fit in a seat belt properly. To fit properly, the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not across the neck or face. The child should still ride in the back seat because it's safer there.**
- **All children younger than 13 years should be seated in the rear seat of vehicles for optimal protection.**

Serving Children and Families Experiencing Homelessness

Each year, hundreds of thousands of American families face homelessness, including more than 1 million children. Typically, families become homeless as a result of some unforeseen financial crisis - a medical emergency, a car accident, a death in the family - that prevents them from being able to hold on to housing. It disrupts virtually every aspect of family life including interfering with children's education and development. The problem of family homelessness affects people from all walks of life and is not solely a "larger city issue" as many rural communities are increasingly becoming aware of the problem.

Stable access to child care benefits all children, but especially the most vulnerable children. Children and their families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness. Child care providers are in a unique position to be able to assist these children and families by supporting children's learning and development in safe, stable, and nurturing environments. When their child is in a good, safe program, parents can more readily focus on reaching their goals for stable employment, housings, etc.

When are children and families considered homeless?

The South Dakota Department of Social Services, Division of Child Care Services utilizes the definition for "homeless children and youth" as defined by McKinney-Vento Homeless Education Assistance Act (<http://nche.ed.gov/legis/mv.php>). This definition includes children and families who lack a fixed, regular, and adequate nighttime residence which include:

- Children and youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- Children and families living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- Children living in emergency or transitional shelters, or who are abandoned in hospitals;
- Children and youth with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

What resources are available to early care and education professionals to support homeless children and families?

1. Training and technical assistance is available from the regional Early Childhood Enrichment (ECE) office on identifying and serving families with young children experiencing homelessness.

2. Connections that help support the family:

- **Local Homeless Education Liaisons in school districts.** State Coordinators for Homeless Education can connect you with the local liaison in your area. Liaisons can refer younger siblings of school-age children in temporary housing and provide other ideas about how to reach families in temporary housing. For more information on Homeless Education Liaisons in South Dakota, please visit: <http://doe.sd.gov/oess/TitleXpartC.aspx>
- **Local Department of Social Services.** Contact your local Department of Social Services office for contact information for local transitional housing shelters and domestic violence shelters and establish a relationship with them. (<http://dss.sd.gov/>)
- **Identify and network with local agencies** providing services to families of young children experiencing or at-risk of homelessness.
- **Build a resource list** of trusted community partners and service providers that can be given to families in need.
- **Families already served in your program.** Connect regularly and authentically with families currently served by your program. Purposeful family engagement builds a trusting environment in which families are more likely to share news such as housing status transitions.

How can Child Care Programs connect homeless children and families with child care assistance?

- **Step 1** – Identify children who may be in temporary housing (homeless).
- **Step 2** – Contact the Division of Child Care Services for assistance with connecting families to child care subsidy, Head Start, and child care program enrollment.
- **Step 3** – Follow up to ensure the family has been served adequately.

How are states required to serve children and families experiencing homelessness?

- Allow homelessness children to receive Child Care and Development Fund (CDF) assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations).
- Provide training and technical assistance to child care providers on identifying and serving homeless children and families, and
- Conduct specific outreach to homeless families.

- **Americans With Disabilities Act (ADA)**

The Division of Child Care Services does not enforce ADA requirements, but as a public business, you are responsible for meeting the requirements. The following information is an excerpt from the ADA website at www.ADA.gov.

When a place of public accommodation is located in a home, the portions of the home used as a place of public accommodation are covered by title III of the American with Disabilities Act, even if those portions are also used for residential purposes.

Coverage extends not only to those portions but also includes an accessible route from the sidewalk, through the doorway, through the hallway and other portions of the home, such as restrooms, used by clients and customers of the public accommodation.

For example: Judy, a family day care provider, is having a new home built. Judy intends to use two of the rooms in her new home for family day care. In addition, the children will be using the master bathroom. Even though the two rooms and bathroom will be used for residential purposes when the children are not present, all three rooms are covered by the title III new construction requirements, because the rooms are not being used exclusively as a residence. Moreover, Judy must assure that there is an accessible route to the day care rooms and bathroom.

Although compliance may result in some additional cost, a public accommodation may not place a surcharge only on particular individuals with disabilities or groups of individuals with disabilities to cover these expenses.

A public accommodation must reasonably modify its policies, practices, or procedures to avoid discrimination. If the public accommodation can demonstrate, however, that a modification would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations it provides, it is not required to make the modification.

Public accommodations are required to remove barriers only when it is "readily achievable" to do so. "Readily achievable" means easily accomplishable and able to be carried out without much difficulty or expense.

How does the "readily achievable" standard relate to other standards in the ADA?
The ADA establishes different standards for existing facilities and new construction. In existing facilities, where retrofitting may be expensive, the requirement to provide access is less stringent than it is in new construction and alterations, where accessibility can be incorporated in the initial stages of design and construction without a significant increase in cost.

AMERICANS WITH DISABILITIES ACT (ADA)

The following information was taken from the ADA website at www.ada.gov/childq%26a.htm:

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

COMMONLY ASKED QUESTIONS ABOUT CHILD CARE CENTERS AND THE AMERICANS WITH DISABILITIES ACT

1. Q: Does the ADA apply to child care centers?

A: Yes. Privately-run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission (see question 30).

2. Q: Which child care centers are covered by title III?

A: Almost all child care providers, regardless of size or number of employees, must comply with title III of the ADA. Even small, home-based centers that may not have to follow some State laws are covered by title III.

The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

Private child care centers that are operating on the premises of a religious organization, however, are generally **not** exempt from title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with title III but the church does not.

3. Q: What are the basic requirements of title III?

A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program.
- Centers have to make *reasonable modifications* to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a *fundamental alteration*.
- Centers must provide appropriate auxiliary aids and services needed for *effective communication* with children or adults with disabilities, when doing so would not constitute an *undue burden*.
- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*.

4. Q: How do I decide whether a child with a disability belongs in my program?

A: Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an *individualized assessment* about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the

caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care centers that are accepting new children are not required to accept children who would pose a *direct threat* (see question 8) or whose presence or necessary care would *fundamentally alter* the nature of the child care program.

1. Q: My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?

A: Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

2. Q: Our center is full and we have a waiting list. Do we have to accept children with disabilities ahead of others?

A: No. Title III does not require providers to take children with disabilities out of turn.

3. Q: Our center specializes in "group child care". Can we reject a child just because she needs individualized attention?

A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an *individualized assessment* is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

4. Q: What about children whose presence is dangerous to others? Do we have to take them, too?

A: No. Children who pose a *direct threat* -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the individual.

In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings. Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.

5. Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?

A: The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

6. Q: One of the children in my center has parents who are deaf. I need to have an ongoing discussion with them about their child's behavior and development. Do I have to provide a sign language interpreter for the meeting?

A: It depends. Child care centers must provide effective communication to the customers they serve, including parents and guardians with disabilities, unless doing so poses an undue burden. The person with a disability should be consulted about what types of auxiliary aids and services will be necessary in a particular

context, given the complexity, duration, and nature of the communication, as well as the person's communication skills and history. Different types of *auxiliary aids and services* may be required for lengthy parent-teacher conferences than will normally be required for the types of incidental day-to-day communication that take place when children are dropped off or picked up from child care. As with other actions required by the ADA, providers cannot impose the cost of a qualified sign language interpreter or other auxiliary aid or service on the parent or guardian.

A particular auxiliary aid or service is not required by title III if it would pose an *undue burden*, that is, a significant difficulty or expense, relative to the center or parent company's resources.

7. Q: We have a "no pets" policy. Do I have to allow a child with a disability to bring a service animal, such as a seeing eye dog?

A: Yes. A service animal is **not** a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean that you must abandon your "no pets" policy altogether, but simply that you must make an exception to your general rule for service animals.

8. Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?

A: Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

9. Q: Can I charge the parents for special services provided to a child with a disability, provided that the charges are reasonable?

A: It depends. If the service is required by the ADA, you cannot impose a surcharge for it. It is only if you go beyond what is required by law that you can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA -- such as finger-prick blood glucose

tests for children with diabetes (see question 20) -- it cannot charge the parents extra for those services. To help offset the costs of actions or services that are required by the ADA, including but not limited to architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available (see question 24).

10. Q: Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

11. Q: We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

A: Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Centers must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."

12. Q: We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

A: It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a center does not normally provide diapering, the center should consider factors

including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

13. Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A: No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

14. Q: Must we admit children with mental retardation and include them in all center activities?

A: Centers cannot generally exclude a child just because he or she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable.

15. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A

center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

The Department of Justice's settlement agreement with La Petite Academy addresses this issue and others (see question 26).

16. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar -- or "blood glucose" -- levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

17. Q: Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?

A: Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be so time consuming that other children would have to be left unattended, or so complicated that it can only be done by licensed health care professionals, it would be a *reasonable modification* to provide such assistance. The Department of Justice's settlement agreement with the Sunshine Child Center of Gillett, Wisconsin, addresses this issue and others (see question 26).

18. Q: How do I make my child care center's building, playground, and parking lot accessible to people with disabilities?

A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care centers must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Centers run by government agencies must insure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

19. Q: We are going to build a new facility. What architectural standards do we have to follow to make sure that our facility is accessible to people with disabilities?

A: Newly constructed privately-run child care centers -- those designed and constructed for first occupancy after January 26, 1993 -- must be readily accessible to and usable by individuals with disabilities. This means that they must be built in strict compliance with the ADA Standards for Accessible Design. New centers run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

20. Q: Are there tax credits or deductions available to help offset the costs associated with complying with the ADA?

A: To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses.

The tax credit is available to businesses with total revenues of \$1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50% of the eligible access expenditures in a year up to \$10,250 (maximum credit of \$5,000). The tax credit can be used to offset the cost of complying with the ADA, including, but not limited to, undertaking barrier removal and alterations to improve accessibility; provide sign language interpreters; and for purchasing certain adaptive equipment.

The tax deduction is available to all businesses with a maximum deduction of \$15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations.

To order documents about the tax credit and tax deduction provisions, contact the Department of Justice's ADA Information Line (see question 29).

21. Q: What is the Department of Justice's enforcement philosophy regarding title III of the ADA?

A: Whenever the Department receives a complaint or is asked to join an on-going lawsuit, it first investigates the allegations and tries to resolve them through informal or formal settlements. The vast majority of complaints are resolved voluntarily through these efforts. If voluntary compliance is not forthcoming, the Department may have to litigate and seek injunctive relief, damages for aggrieved individuals, and civil penalties.

22. Q: Has the United States entered into any settlement agreements involving child care centers?

A: The Department has resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers, and La Petite Academy.

- In the first agreement, Sunshine Child Center in Gillett, Wisconsin, agreed to: (1) provide diapering services to children who, because of their disabilities, require diapering more often or at a later age than
- nondisabled children; (2) put on and remove the complainant's leg braces as necessary; (3) ensure that the complainant is not unnecessarily segregated from her age-appropriate classroom; (4) engage in readily achievable barrier removal to its existing facility; and (5) design and construct its new facility (planned independently of the Department's investigation) in a manner that is accessible to persons with disabilities.
- In 1996, the Department of Justice entered into a settlement agreement with KinderCare Learning Centers -- the largest chain of child care centers in the country -- under which KinderCare agreed to provide appropriate care for children with diabetes, including providing finger-prick blood glucose tests. In 1997, La Petite Academy -- the second-largest chain -- agreed to follow the same procedures.

- In its 1997 settlement agreement with the Department of Justice, La Petite Academy also agreed to keep epinephrine on hand to administer to children who have severe and possibly life-threatening allergy attacks due to exposure to certain foods or bee stings and to make changes to some of its programs so that children with cerebral palsy can participate.

The settlement agreements and their attachments, including a waiver of liability form and parent and physician authorization form, can be obtained by calling the Department's ADA Information Line or through the Internet (see question 30). Child care centers and parents or guardians should consult a lawyer in their home state to determine whether any changes need to be made before the documents are used.

23. Q: *Has the Department of Justice ever sued a child care center for ADA violations?*

A: Yes. On June 30, 1997, the United States filed lawsuits against three child care providers for refusing to enroll a four-year-old child because he has HIV. See *United States v. Happy Time Day Care Center*, (W.D. Wisc.); *United States v. Kiddie Ranch*, (W.D. Wisc.); and *United States v. ABC Nursery, Inc.* (W.D. Wisc.).

28. Q: *Does the United States ever participate in lawsuits brought by private citizens?*

A: Yes. The Department sometimes participates in private suits either by intervention or as *amicus curiae* -- "friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers. The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

29. Q: *I still have some general questions about the ADA. Where can I get more information?*

A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back

system that delivers technical assistance materials to fax machines or modems.

800-514-0301 (voice)

800-514-0383 (TDD)

The ADA Home Page, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues: www.usdoj.gov/crt/ada/adahom1.htm

The Department of Justice also operates an ADA Electronic Bulletin Board, on which a wide variety of information and documents are available.

202-514-6193 (by computer modem)

There are 10 regional Disability and Business Technical Assistance Centers, or DBTAC's, that are funded by the Department of Education to provide technical assistance under the ADA. One toll-free number connects to the center in your region:

800-949-4232 (voice & TDD)

The Access Board offers technical assistance on the ADA Accessibility Guidelines.

800-872-2253 (voice)

800-993-2822 (TDD)

Electronic Bulletin Board

202-272-5448

The Equal Employment Opportunity Commission, or EEOC, offers technical assistance on the ADA provisions for employment which apply to businesses with 15 or more employees.

Employment questions

800-669-4000 (voice)

800-669-6820 (TDD)

Employment documents

800-669-3362 (voice)

800-800-3302 (TDD)

If you have further questions about child care centers or other requirements of the ADA, you may call the U.S. Department of Justice's toll-free ADA Information Line at: **800-514-0301** (voice) or **800-514-0383** (TDD).

Note: Reproduction of this document is encouraged.

LICENSING POLICY HANDBOOK
SECTION 5 – EMERGENCY PREPAREDNESS

Sample Emergency Preparedness and Response Plan Template	111
Guide To Emergency Planning.....	115
Emergency Preparedness Checklists	130
Disasters.....	132

EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Child Care or Before and After School Program Template

PLAN DEVELOPED BY: _____ DATE: _____

PROGRAM INFORMATION:

PROGRAM NAME: _____ LICENSE NUMBER: _____

PROGRAM ADDRESS: _____ PROGRAM PHONE NUMBER: _____

EMAIL: _____

DIRECTOR NAME: _____ DIRECTOR PHONE NUMBER: _____

EMERGENCY CONTACT: _____ CONTACT PHONE NUMBER: _____

NUMBER OF CHILDREN ENROLLED: _____ NUMBER OF STAFF EMPLOYED: _____

EMERGENCY CONTACT INFORMATION:

Program	Name	Phone	E-mail
Medical Emergency		911	
Police		911	
Fire		911	
Hospital			
Poison Control			
Insurance			
Out-of-area contact person			
Near evacuation site contact			
Far evacuation site contact			
Child care licensing specialist			
Child Protection Services			
Local Emergency Management			
Electric/gas company			
Water company			
Building inspector			
Plumber			

LOCATION OF EMERGENCY ITEMS

- ☐ Daily list of children attending the program: _____
- ☐ Children's emergency contact information: _____
- ☐ Emergency supplies: _____
- ☐ Location of building water shut off: _____
- ☐ Location of building electrical/gas shut off: _____

EVACUATION PLAN

An evacuation plan, developed to assist staff in evacuating in an efficient manner, should include:

- ☐ Roles and responsibilities of staff members in evacuating children and keeping them safe
- ☐ Location of exit doors ☐ Directions for exiting the building
- ☐ Items staff should take with them when evacuating (emergency phone numbers; list of children present; etc.)
- ☐ Location where staff and children are to meet once outside

The program evacuation plan includes the following: _____

ACCOMMODATIONS OF VULNERABLE PERSONS

A child care or school age program is responsible for many persons who may not be able to evacuate on their own. Preplanning for more vulnerable persons helps ensure everyone is evacuated safely. Special consideration should be pre-planned for:

Infants and toddlers (as applicable): _____

Children or staff with a disability: _____

Children or staff with a chronic medical condition: _____

ALTERNATIVE LOCATIONS

A major piece of an emergency plan is having a safe place to take the children should the building become unsafe. Choose two alternative locations; one location should be within the community that children and staff can walk to. The other should be outside the community should that immediate area be unsafe.

1. Evacuation Site – Near (within walking distance of the program):
 - Name of facility _____
 - Address or location of facility _____
 - Contact person(s) _____
 - Site phone number _____ Cell phone number _____
 - Have you reviewed the licensing checklist to ensure the facility is safe for children? _____
2. Evacuation Site – Far (outside the program community)
 - Name of facility _____
 - Address or location of facility _____
 - Contact person(s) _____
 - Phone number _____ Cell phone number _____
 - Has facility been reviewed using licensing checklist to ensure it's safe for children? _____

SHELTER-IN-PLACE

At times when children and staff are unable to leave the facility, such as a tornado, the program needs a plan to shelter-in-place. The space used for sheltering-in-place should have access to a restroom; limited access to the outside; locks on all windows and doors; protection over windows; and access to emergency supplies.

- ☐ The shelter-in-place room is located: _____
- ☐ Emergency supplies are located: _____
- ☐ The process for sheltering-in-place is: _____
- _____
- _____
- _____

EMERGENCY SUPPLIES

Programs will need to be prepared to accommodate several children in a small space that is often away from the items used to meet the needs of children in care on a daily basis. The emergency supplies are kept in the following location _____, and include, but may not be limited to, the following suggested items (as applicable):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> infant formula | <input type="checkbox"/> bottled water | <input type="checkbox"/> weather radio with batteries | <input type="checkbox"/> parent contact information |
| <input type="checkbox"/> toilet paper | <input type="checkbox"/> paper towels | <input type="checkbox"/> relocation site agreements | <input type="checkbox"/> hand sanitizers |
| <input type="checkbox"/> disposable cups | <input type="checkbox"/> first aid kit | <input type="checkbox"/> non-perishable food items | <input type="checkbox"/> flashlight and batteries |
| <input type="checkbox"/> diapers and wipes | <input type="checkbox"/> plastic bags | <input type="checkbox"/> extra children’s clothing | <input type="checkbox"/> medical releases for children |

LOCK-DOWN PROCEDURES

In the event of a situation that may result in harm to persons inside the program, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the director or public safety personnel, the center is to have plans for a lock-down. A lockdown drill means a drill in which the occupants of a building are restricted to the interior of the building and the building doors and windows are secured to ensure no one enters or leaves the facility until it is safe to do so.

The program procedures for lock-down include: _____

COMMUNICATION PLAN

During an emergency, accommodating the needs of the children in care is the priority for staff. Communicating the emergency plan to parents, staff, and local emergency managers prior to an emergency; and pre-planning how to notify parents when an emergency arrives, allows staff to concentrate on the children during an emergency.

- ☐ Parents will be notified by (phone tree, social media, an auto text or email, etc.): _____
- ☐ The emergency plan is shared with parents (how, when, how often): _____
- ☐ All staff are trained on the emergency plan (how, when, how often): _____
- ☐ The emergency plan is practiced with staff and children (how, when, how often): _____
- ☐ Plan is shared with: (local emergency managers, fire department or local Red Cross): _____

REUNIFICATION OF CHILDREN WITH FAMILIES

After an emergency, the program will do the following to assist in reuniting children and their parents: _____

RE-OPENING AFTER AN EMERGENCY

Items to consider or actions taken prior to re-opening the program after an emergency include:

- Have a professional inspection of the facility and repair any damage.
- Restore meal service
- Contact the licensing specialist to conduct a review of the facility to ensure all regulations are met.

The plan for re-opening after an emergency includes: _____

Documentation of Emergency Preparedness Drills and Staff Training/Review of Plan

Current Year _____

Emergency Preparedness Plan Annual Review Date: _____

Four Fire Drill Dates: _____

Annual Tornado Drill Date: _____

Current Year _____

Emergency Preparedness Plan Annual Review Date: _____

Four Fire Drill Dates: _____

Annual Tornado Drill Date: _____

EMERGENCY PREPAREDNESS

PLANNING GUIDE FOR LICENSED PROGRAMS

In South Dakota, emergencies are associated with severe thunderstorms, tornadoes, flooding, winter snow storms, and ice storms. Other emergencies that have impacted licensed programs include power outages and fires. Whatever the risk, planning ahead can save lives and reduce the risk of injuries to children and staff, while increasing the chances of returning to normal operations in a shorter period of time.

Emergency preparedness is especially important for licensed programs because of the added responsibility of caring for other people's children. This Emergency Preparedness Planning Guide is intended to serve as a planning tool for licensed programs when developing an emergency preparedness and response plan. Rather than being all-inclusive, this guide provides basic disaster preparedness and emergency planning information that is tailored to fit the size and location of your business. Each program should develop their own Emergency Preparedness Plan and re-evaluate the plan at least annually to ensure it continues to meet the needs of the program. Emergency planning can reduce the impact of a disaster by assisting staff to effectively handle the situation in the first impact of the disaster, which can result in maintaining a calm and safe environment for the children in care.

Things to think about in developing an Emergency Preparedness Plan include the following:

- **Keep it simple.** The directions should be short and to the point so it is easily understood and remembered by any staff or parent reading the document.
- **Keep it handy.** Use it often for reference and not hidden somewhere on a shelf. Plans are only effective if they are used.
- **Practice, practice, practice.** Practice gives staff confidence to do what they are supposed to do during an emergency.

- **Communicate your plan** with staff, parents, Board of Directors, everyone involved in your program.
- **Share your plan** with neighbors and local emergency personnel. Your plan should be a part of the larger community and state emergency preparedness plans.

All emergency preparedness plans should include four areas:

- 1. Mitigation (how to reduce the impact of an emergency)**
- 2. Preparation (before an emergency)**
- 3. Response (during an emergency)**
- 4. Recovery (after an emergency)**

Each of these areas is outlined below:

Mitigation - Reducing the Potential Impact of Emergencies by Planning Ahead

1. Inspect the outside of the property – areas to consider include:

- The threat of fire is increased if flammable products are not stored safely and when trees or excess brush surround a facility.
- Potential damage from flooding is increased in facilities that have poor drainage, clogged or blocked rain gutters and storm drains, or a home that is located in a low-lying flood area.
- Look for large items that may blow around in high winds that could break windows.
- Ensure the facility address is clearly and legibly visible from the street for emergency personnel to identify.
- This inspection can also help you find potential licensing violations that can be corrected as well.

2. Inspect the inside of the facility – areas to consider include:

- Maintain a current evacuation plan that is posted in the facility;
- Ensure matches, lighters, and flammable liquids are inaccessible to children;
- Regularly clean and inspect heating, cooling, electrical, and gas systems to ensure they are in good working order;
- Maintain fire extinguishers near kitchen areas and ensure they are charged, and accessible in the event of a fire. Train staff on how to properly use fire extinguishers;

- Do regular checks and maintenance of smoke detectors to ensure they are in good working condition.
- Ensure exits remain unobstructed. Check for objects that may fall or block exits which could prevent safe evacuation.
- Ensure sump pumps are in good working condition.

Preparation

1. Disaster Drills and Procedures

- Licensing regulations require *four fire and one tornado drill* be conducted annually. Drills are recommended to be conducted on a quarterly basis during all types of weather. Conducting drills using different disaster scenarios ensures helpers become and remain familiar with their roles. Inclement weather is a fact of life in South Dakota so it is important to prepare for having to evacuate children during times of below zero temperatures, in snow storms, in rainy weather, etc.
- *Train staff on the procedures of the drills* during staff orientation to familiarize them with their role and responsibilities during a disaster. This helps ensure that all staff are aware of the procedures as soon as they start working in the program.
- *Conduct fire drills using the actual fire alarm.* Children tend to be afraid of loud noises so they need to be aware of what the alarm sounds like and what to do when it goes off, prior to a real fire emergency. Using the alarm for at least one drill a year will help children become familiar with the sound and help to alleviate any fears should the alarm go off in a real emergency.
- Be sure staff and children know the signs and signals for certain types of disasters and what they are supposed to do. For example, in some communities a horn blast or several horn blasts may sound. Knowing what those signals mean can save lives. *Practice gives everyone confidence* in what they are supposed to do in each different emergency situation.

Licensing regulations require all regulated programs to have an evacuation plan. An evacuation plan should include not only the exits that should be used to evacuate in an emergency, but include the location staff and children are to meet outside. There should also be alternative locations made known in case the first location is not accessible. Remember in the event of a fire, fire trucks up much of the area and children cannot be in the way of those trucks or the work the firemen are doing.

- Have a *system in place for knowing who is in the building at all times*. A sign-in and sign-out sheet for children and staff could be used.
- Have a *person assigned, and a back-up person assigned to take the sign-in sheets* during an evacuation so the group has a list of children and staff present at the facility on that day. When children are assembled at the evacuation site, count the children to ensure all children were evacuated. If safe to return to the facility, assemble the children inside and count them again to ensure all children are returned to the facility. Create emergency preparedness checklists so no responsibility or duty is omitted. A sample checklist is located on in this Section.
- *Develop plans for re-locating the children* at two different sites if possible. One of the chosen sites should be within walking distance of the licensed program and open during the same hours of operation so it is accessible. Choose a secondary site that is located further away from the licensed facility, in the event a disaster should strike a large area surrounding the licensed program. Transporting children to this secondary site would then also need to be planned out.
- In large programs, *develop more than one way to communicate* directives to staff. Remember that communications that depend on electrical supply may not work during an emergency.
- Establish *out- of-area phone contact numbers* where messages can be left for parents should immediate phone lines be down. Be sure parents are aware of this out-of-area contact information. This could be a relative across town, or in another county.
- Consider *involving neighborhood residents*, businesses, local governments and volunteers in your planning stages and notifying them of your final plan. If people know your plan, they can provide effective assistance and support to the situation.

2. Water Preparedness

- Keep an adequate supply of water for staff and children. The recommendation is one gallon per child and adult per day for a 72-hour period;
- Keep a supply of disposable cups for drinking;
- Have a supply of water for sanitation beyond what is needed for drinking;
- Date the water supply and replace unused water supplies at least once per year.

3. Food Preparedness

- Maintain a dated 24-hour supply of food that does not need refrigeration and is age appropriate for the ages of children enrolled in your program. Don't forget formula if applicable;
- Store food in areas that are safe, secure, and easy to reach in most disasters;
- Date all stored food and plan to use or replace it on a regular basis;
- Keep a supply of disposable eating utensils and a non-electric can opener;
- Keep a supply of medications or health supplies if caring for children with diabetes, allergies, Epi-pens, or other special medical conditions;

4. Emergency Supplies to Have on Hand

One way to have supplies readily accessible is to fill a backpack or bag and ensure helpers know where it is located and can easily take it when needing to evacuate the building. A plastic covered tote filled with some supplies can also be stored in the facilities shelter-in-place area in case the staff and children need to stay in the facility for extended periods of time.

Examples of items a program may have on hand include, but are not limited, to the following:

- A cell phone;
- A weather radio;
- Diapers and wipes or other sanitation supplies;
- Garbage bags;
- Hand sanitizer;
- Small or large first aid supplies or portable first aid kits that can easily be taken outside, to an alternate location, or into shelter-in-place areas.
- Portable non-electric radios and batteries;
- Flashlights;
- Extra batteries for smoke detectors, flashlights, etc.
- Personal hygiene products such as toilet paper, paper towels, etc.
- Extra bedding or blankets if utilities fail or children are required to be outside;
- Tarps or canopies for temporary shelter in case children are required to be outside for long periods of time in inclement weather.

- Ensure contact information for emergency personnel, staff, and parents is easily accessible to all staff at the facility;
- Small toys or books that can keep children occupied.

5. Business Practices

- Have a backup system for your computer files. This system should be located away from the licensed program.
- Keep a list of vendors who could provide critical repair or replacement of equipment.
- Before an emergency occurs, a determination should be made as to who in the program will be the person to make the decision to close a facility in the absence of the Director. The decision to close a program can be difficult to make whether it is made before the program opens for the day or after children have already arrived. Some things to think about in that decision include:
 - Pre-determine what types of emergency situations could cause the program to close and how those decisions will be handled.
 - How will staff be notified of a closing?
 - How will parents be notified of a closing?
 - What will be the determination to re-open the program?
 - If the program is already opened and an emergency occurs, how will parents be notified?

6. Communicate Your Plan

A plan is ineffective if people who are impacted by an emergency are not aware of the procedures. Communicating the plan with at least the following persons or groups can help everyone effectively manage an emergency situation:

- With local Emergency Management Offices
- With Child Care Services
- With parents, staff and children
- With local radio or television stations, and ask how they can assist in getting information broadcasted so parents can be updated efficiently.
- With people in the neighborhood, ensure they know a licensed program operates at this location.
- Make plans with neighbors for shelter or assistance in the event of a disaster.

Parents will be comforted knowing that the facility where their child is in care does in fact have a plan for emergencies. Knowing that staff are aware of what to do and that they practice the plan often will also add comfort. When an emergency does strike, parents will know what the procedures are, where their child will be located, etc. The level of chaos and panic is reduced when parents have some initial information and don't all need to call the provider to find out what is going on.

Local emergency management personnel need to know there are large concentrations of children in your facility. Being informed that your facility has a plan in place and what that plan is will help the emergency personnel respond.

Local residents or businesses can also be of support in evacuating, making calls, etc. if they know there are children in care at your facility and what your plan of action is.

Response During A Disaster

Shelter-In-Place

"Shelter-in-Place" means to use any room or interior space to provide temporary shelter from a hazard. In some disasters, it may be better to keep children and staff in the facility because it is safer than evacuating, or it may be necessary because it is not possible to evacuate. In both of these cases, the program would shelter-in-place. The safest area to shelter-in-place should be determined prior to an emergency occurring and staff and children should know where this space is located. Some things to consider when determining a shelter-in-place area include:

- A shelter is a pre-determined interior area or room of the facility, which – with special provisions – can provide a barrier to protect occupants from external dangers. A common example is a tornado shelter.
- A room large enough to accommodate children and staff. Approximately 10 square feet per person is recommended.
- In flood areas, preferably an interior room at or above ground level.
- A room with as few windows, doors, and vents as possible.
- Remember that some people who are claustrophobic may not be able to shelter-in-place. Planning ahead allows a program to work all this out prior to an emergency.

To Shelter-in-place, the following procedures should be followed:

- Gather all children inside;
- Close and lock all windows and doors; locked windows seal better.
- Close blinds, shades or curtains and keep children away from windows in case one would break.
- If possible, turn off all heating, cooling and ventilation systems – anything that can ignite or cause a spark.
- Ensure all emergency supplies (#4 Emergency Supplies to Have on Hand listed above) are in the shelter-in-place area or taken to the area;
- Do not allow anyone to enter or leave the area until emergency personnel determine the area is all clear.
- Notify parents not to come to the facility to pick children up until the area is clear.

On-Site Evacuation

Emergencies may require a program to evacuate children out of the facility as quickly as possible. In those cases, the following procedures should be followed:

- Make a quick assessment of the situation and any injuries of staff or children;
- Ensure the evacuation route is not obstructed;
- Take the attendance sheet, children's medical authorization sheets, parent contact information, and emergency supplies out too;
- Take a cell phone;
- Be prepared for the impact of inclement weather – conduct drills in different types of weather in order to be prepared;
- Assemble all children in one pre-determined location and count them to ensure all are present;
- Keep children calm for an orderly exit out of the facility;
- If possible, one adult should lead the group and one adult follow the group out of the building to ensure all children stay in the group;
- Re-assemble the group outside and count children to ensure all were evacuated;
- When it is safe to return, re-assemble all children and count them to ensure all were brought back into the facility;
- Have a phone tree to notify parents of the evacuation and if necessary to identify the re-location site. Calling each parent is time intensive during an

emergency. Planning ahead allows all parents to be notified in a timely manner and takes that duty away from licensed program staff who need to attend to children. A phone tree typically works in the following way: licensed staff calls two parents, those two parents call two more parents and all four of those parents have a list of parents to call. This way, licensed staff in the emergency only have 2 parents to call then can return to attending to the children. This takes planning ahead so parents all have up-to-date parent lists and contact information, etc.

Off-Site Evacuation

Emergencies, such as a fire, may require a provider to evacuate children away from the facility and the property as quickly as possible. In those cases, the same procedures above used for on-site evacuation can be followed to get children evacuated out of the building. Programs should pre-plan to have an off-site location available for the children if needed. The program should include plans to transport the children to the off-site facility location and have prior approval from parents to do so.

Lock-Down

Lock-down drill means a drill in which the occupants of a building are restricted to the interior of the building and the building is secured.

A lock-down is implemented when an event could result in harm to persons inside the facility, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the provider or public safety personnel.

Procedures to follow include, but are not limited to:

- The provider should announce the “lock-down”. The alert may be made using a pre-selected code word.
- All children should be kept in designated safe locations that are away from the danger. Choose a room with no windows if possible.
- Staff should ensure all children are in the safe room and ensure that no one leaves the safe area.
- Staff should secure facility entrances and ensure that no unauthorized individual leaves or enters the facility.

- Staff and children should remain in the safe area, locking the room door, turning off the lights, and covering any windows.
- Staff should encourage children to get under tables, behind cabinets, etc., and, if possible, engage in quiet story time activities with the children until “all clear” is announced.

There may be an emergency that impacts other businesses in the community where parents work but that does not impact the licensed program. In this case, programs should have a plan in place should parents not be able to pick their child up by the regular time the program typically closes because of that emergency. Plans should include what the program will do if parents cannot pick their children up. This could consist of staff having to stay longer, ensuring there is food to feed the children, etc.

Recovery from the Disaster

Recovery is an effort to return the program operations to normal as soon as possible. There could be physical damage to facilities that may require a series of repairs that cause this return to be a long-term process.

1. Make contact with the Division of Child Care Services. Both the Department of Social Services and the Division of Child Care Service have Emergency Preparedness Plans that include support for child care programs impacted by an emergency. There are many factors to these plans including moving additional licensing staff to the impacted area to help ensure current licensed programs are safe to stay in, connecting with local emergency management personnel, helping programs relocate when necessary, ensuring continuation of payments to providers, etc. During an emergency, Child Care Services can expedite these processes to ensure families have a safe place for their children to be.
 - Licensing regulations require programs to report to Child Care Services within 24 hours, any change in circumstance that may affect the provider’s ability to comply with regulations or ability to provide adequate care. This includes a change in the condition of a licensed facility.
 - Communicating with Child Care Services is especially important if there is damage to the facility, there is a need to relocate, or there have been injuries or death of staff or children. Child Care Services staff can assist in

finding a new location, expediting fire and health inspections to assure safety in a new facility, etc.

- Since license certificates are issued only for the location printed on license and are not transferable to a different location, a new license will need to be issued for any new location. Keep in mind that funding sources such as the Child and Adult Care Food Program and the Child Care Subsidy Program may require verification of licensure before funding can continue for care provided at a new location. In addition, insurance coverage is not necessarily transferable to a facility that is not licensed.
 - Assistance contacting local emergency management personnel who can assist the program in any number of ways.
 - Assistance in brainstorming with community members, local emergency management, local licensed providers, to determine the best course of action for families and providers impacted by the emergency.
2. Be familiar with local jurisdiction's damage assessment process. If your facility sustains structural damage, access may be limited or prohibited and that could impact cleanup or repairs the provider plans to do.
- If you smell gas or suspect a leak, do not turn lights on or off and do not use candles. Leave the premises and call the gas company immediately.
 - If water is near any electrical units, turn off the power at the breaker or fuse.
 - Operate gas powered devices outdoors, not indoors.
3. The cumulative crisis-related stress of a disaster can dramatically impact the psychological and physical well-being of children and adults. Some signs you may see include:
- Children: withdrawn, depressed, helpless, generalized fear, loss of verbal skills, sleep disorders, lack of toileting skills, anxious attachment and clinging, uncharacteristic hostility or acting out.
- Adults: withdrawal, feelings of inadequacy and helplessness, difficulty in concentration, antisocial behavior, slow to respond, substance abuse, psychosomatic or real symptoms (headache, bladder/bowel problems, chest pains, cramps, sleep disturbances, and change in food consumption patterns).
4. Facilities that are prepared for disaster often have shorter recovery times. Loss of clientele and income are additional reasons for wanting to return to normal operations as soon as possible.

5. The following activities will assist the program in returning to normal operations:

- As soon as possible after the disaster, all interior and exterior areas of the facility should be examined to determine initial damages.
- A licensed structural architect, engineer or building inspector can help with a detailed safety inspection of the building.
- Delays in repairs or construction could result in lost business for parents.
- Maintain accurate records to inventory condition of furniture, office equipment, and other high cost items.
- Develop reasonable expectations for staff and children during a disaster when coping ability is low and frustrations are high.
- If a major disaster is declared, contact the Federal Emergency Management Agency (FEMA), the Small Business Administration (SBA), and local emergency management offices to find out about applying for disaster assistance funding.
- Contact local fire department, state or local Office of Emergency Management, or the local Chapter of the American Red Cross regarding training for facility staff.

A list of County Emergency Managers is located at

https://dps.sd.gov/emergency_services/emergency_management/county_emergency_managers.aspx

6. Clean Up of Water Damaged Property. If a facility is contaminated by water or sewage, or a water system is contaminated, clean up techniques are critical.

- Dry out the area as soon as possible using sump pumps and fans;
- Have a supply of household bleach on hand;
- Protect yourself from contamination by wearing rubber boots, waterproof gloves, and protective garments;
- Prevent the growth of black mold, clean and disinfect inside structures thoroughly after the flood waters recede. Include removal of any sheetrock that has been saturated with flood water.
- Wash flooded indoor areas with warm soapy water. Then rinse with a solution of ½ c (4 ounces) of regular household bleach to each gallon of water.
- Raw, untreated sewage poses a threat to human health. Clean up should commence as soon as possible. Remove all water/sewage. Thoroughly clean and mop area with an appropriate disinfectant. Dehumidify the area.

7. Food and Water Protections. Follow these recommendations if food or water supply protections are interrupted:
- A. Safe drinking water should be a top priority. Water of safe drinking quality should also be used for food preparation. Clean water should also be available for frequent hand washing or bathing. Water must meet EPA's drinking water standard and must come from an approved water source.
 - B. Cook foods thoroughly. Keep hot foods hot, and cold foods cold, in order to prevent foodborne illness. Discard frozen food that has thawed.
 - C. Food that has come into contact with flood waters should be considered contaminated and must be discarded, unless prior approval is given from the SD Department of Health.
 - D. Programs having to close due to a flood or other natural disaster should not reopen unless authorization is granted from a local regulatory authority.
 - E. Perishable food items that have been without refrigeration for more than four hours should be discarded.
 - F. Carefully examine all canned and bottled goods that have been submerged or come in contact with floodwater. Some cans or bottles may be safe to use after a good cleaning. Follow these guidelines:
 - If they appear undamaged, tin cans are usually safe. Wash the can in bleach water (1/4 c in 1 gallon of water) for one minute, then dry.
 - If cans have pitted rust spots that cannot be rubbed off with a soft cloth, contamination may have entered and the can should be discarded.
 - Cans with ends that bulge or spring in and out when pressed should be discarded immediately. This usually means bacteria are growing inside.
 - If a can is crushed, dented, or creased, examine it to see if it is safe to use.
 - If no electricity is available for refrigeration and frozen food storage, use generators or ice to keep things cold.
 - If in doubt, throw it out.
8. Disinfecting. Remember to follow the manufacturer's label instructions for disinfectant products and use in areas with adequate ventilation. Adequate disinfection requires a certain chlorine dose for a minimum contact time. The Department of Health recommends 50 parts per million for an eight hour

contact period. The Department of Health recommends regular household bleach sold under brand names such as “Clorox” or “Purex”.

Drinking water that is contaminated, even with a small amount of bacteria, can make children very sick. Contact the Department of Health at 773-4945 if your source of drinking water is or has a possibility of being contaminated.

Plans For Relocation of the Day Care. Providers need to plan ahead for a disaster that could damage the home to the point of having to move the program long term. A registration does not transfer from one home to another so the new home needs to be approved by the Division of Child Care Services. Child Care Services staff can assist in reviewing a different location to operate the day care, expedite the inspection processes, review child care options for parents and communities, etc. Make contact with your licensing worker immediately if the home is impacted and the day care is being moved to a different location.

Resources

Every effort was made to provide accurate and up-to-date information in this document. However, new information and procedures continue to be updated so providers should seek out other resources as appropriate and review again over time.

There are many resources and agencies available to assist in disaster planning efforts. Following are some agencies to contact for further information, search “emergency preparedness” at each link:

1. Child Care Provider groups and Associations share information and resources related to disaster planning –
 - South Dakota Assn for the Education of Young Children
www.sdaeyc.org
2. South Dakota Department of Health, Public Health Preparedness and Response <http://doh.sd.gov/Prepare/Default.aspx>
3. Local Chapter of the American Red Cross – to find your local Red Cross Chapter, go to www.redcross.org/where
4. Local County Emergency Managers –
https://dps.sd.gov/emergency_services/emergency_management/county_emergency_managers.aspx

5. Disaster Planning websites:

- Federal Emergency Management Agency www.fema.org
- American Red Cross www.redcross.org
- American Academy of Pediatrics www.aap.org
- Child Care Aware <http://usa.childcareaware.org/>
- National Child Care Information Center – www.nccic.org
- Federal Small Business Association www.sba.gov

Pre-Planning Emergency Preparedness Checklist

- ☐ Develop a Child Care Emergency Preparedness plan for your program.
- ☐ On a regular basis, maintain the outside of the facility to prevent flooding, discard debris that could enhance a fire, etc.
- ☐ On a regular basis, maintain the inside of the facility to ensure for example, that smoke detectors and fire extinguishers are operational, large items are not stored on high shelves that could fall and hurt a child or staff, exits are not blocked, etc.
- ☐ Share the Emergency Plan with all staff, parents, local emergency personnel and neighbors. Inform them of where the re-location sites are; what numbers to call in order to reach the provider in an emergency; etc.
- ☐ Train staff annually in the emergency procedures. Train new staff during their orientation training when they start their job.
- ☐ Conduct 4 fire and 1 tornado drills per year. Practice in all kinds of weather, and under a variety of circumstances so staff and children are prepared for rain, snow, cold, etc.
- ☐ Ensure the evacuation plan reflects the actual layout and exits of the home.
- ☐ Develop a system for knowing who is in the facility at all times. Sign-in/sign-out sheets provide a quick assessment option.
- ☐ Choose two alternative locations that staff and children can use should the home become unsafe. One facility should be within walking distance and one facility further away in case the entire neighborhood is unsafe.
- ☐ Establish an out-of-area phone number for parents or staff to call should the immediate area phone lines be down. This number could be a relative who lives across town, or in the next county.
- ☐ Have a 24-hour supply of water, food and emergency supplies stocked in a room at the facility that could be used for Sheltering-in-Place. Page 93 of this Handbook contains a list of items to stock. Have a smaller supply of these items in a backpack or two that is easily accessible should the day care need to evacuate the home.
- ☐ Have systems in place for backup of business files and other means to save records and data.
- ☐ Inform helpers of what their role is: who calls 911, who is to count children, etc.

Emergency Evacuation Checklist

Should a licensed program need to evacuate children, the following checklist provides a sample overview of what steps should be followed. This checklist should be used as an example. Each licensed program should, as part of their Emergency Preparedness Plan, create a checklist that meets the needs of their particular program.

- ☐ Do a quick assessment whether the program needs to evacuate or shelter-in-place. Determine whether children can meet on the facility property or whether one of the pre-determined alternative sites needs to be used.
- ☐ Declare to any staff that the facility is evacuating;
- ☐ The designated person takes the sign-in/sign-out sheet, the emergency medical authorization sheets, and parent contact information out with them.
- ☐ The designated person takes out the backpack, filled with emergency supplies;
- ☐ The designated person takes a cell phone out;
- ☐ Keep children calm and orderly for the evacuation;
- ☐ If possible, one adult should lead the group and one adult follow the group out of the building to ensure no one is left behind;
- ☐ Once outside, assemble all children in the pre-determined meeting place and count them to ensure the number matches the number of children who are on the sign-in sheets.
- ☐ Once evacuation is completed, ensure 911 is called and the phone tree for parents is started with the first call made to one parent. The parents then take over the rest of the calls. Contact any staff not already at the facility to notify them of the emergency and where the children are located.
- ☐ Make a quick assessment of the situation and assess any injuries of staff or children;
- ☐ When it is safe to return, re-assemble all children and count them to ensure all were brought back into the facility;

PREPAREDNESS – NATURAL DISASTERS

HEAT WAVE

If a Heat Wave Is Predicted or Happening...

- Avoid heavy physical activity. If it is necessary to be outside, do it during the coolest part of the day, which is usually in the morning hours.
- Stay indoors as much as possible. If air conditioning is not available, stay on the lowest floor approved for use. Try to go to a public building with air conditioning each day for several hours. Remember, electric fans do not cool the air, but do help to evaporate sweat, which cools a person's body.
- Wear lightweight, light-colored clothing. Light colors will reflect away some of the sun's energy.
- Drink plenty of water, even if not feeling thirsty. The body needs water to keep cool.
- Water is the safest liquid to drink during heat emergencies. Avoid drinks with caffeine in them. They can make a person feel good briefly, but make the heat's effects on the body worse.
- Eat small meals and eat more often. Avoid foods that are high in protein, which increase metabolic heat.
- Avoid using salt tablets unless directed to do so by a physician.

Signals of Heat Emergencies...

- Heat exhaustion: Cool, moist, pale, or flushed skin; heavy sweating; headache; nausea or vomiting; dizziness; and exhaustion. Body temperature will be near normal.
- Heat stroke: Hot, red skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Body temperature can be very high-- as high as 105 degrees F. If the person was sweating from heavy work or exercise, skin may be wet; otherwise, it will feel dry.

Treatment of Heat Emergencies...

- Heat cramps: Get the person to a cooler place and have him or her rest in a comfortable position. Lightly stretch the affected muscle and replenish fluids. Give a half glass of cool water every 15 minutes. Do not give liquids with alcohol or caffeine in them, as they can make conditions worse.
- Heat exhaustion: Get the person out of the heat and into a cooler place. Remove or loosen tight clothing and apply cool, wet cloths, such as towels or sheets. If the person is conscious, give cool water to drink.

- Make sure the person drinks slowly. Give a half glass of cool water every 15 minutes. Do not give liquids that contain alcohol or caffeine. Let the victim rest in a comfortable position, and watch carefully for changes in his or her condition.
- Heat stroke: Heat stroke is a life-threatening situation. Help is needed fast. Call 9-1-1 or your local emergency number. Move the person to a cooler place. Quickly cool the body. Immerse victim in a cool bath, or wrap wet sheets around the body and fan it. Watch for signals of breathing problems. Keep the person lying down and continue to cool the body any way possible. If the victim refuses water or is vomiting or there are changes in the level of consciousness, do not give anything to eat or drink.

TORNADOES

Prepare a Facility Tornado Plan

- Pick a place where persons could gather if a tornado is headed your way. It could be a basement. If there is no basement, use a central hallway, bathroom, or closet on the lowest floor. Keep access to this area clear.

Stay Tuned for Storm Warnings

- Listen to the local radio and TV stations for updated storm information.
- Know what a tornado WATCH and WARNING means:
 - A tornado WATCH means a tornado is possible in the area.
 - A tornado WARNING means a tornado has been sighted and may be headed for the area. Go to safety immediately.

When a Tornado WATCH Is Issued...

- Listen to local radio and TV stations for further updates.
- Be alert to changing weather conditions. Blowing debris or the sound of an approaching tornado also be an alert. Many people say it sounds like a freight train.

When a Tornado WARNING Is Issued...

- If inside, go to the safe place determined to protect individuals from glass and other flying objects. The tornado may be approaching the area.
- If outside, hurry to the basement of a nearby sturdy building or lie flat in a ditch or low-lying area.
- If in a car or mobile home, get out immediately and head for safety.

After the Tornado Passes...

- Watch out for fallen power lines and stay out of the damaged area.
- Listen to the radio for information and instructions.
- Use a flashlight to inspect the home for damage.
- Do not use candles at any time.

Make Your Home Fire Safe

- Smoke detectors save lives. Ensure the smoke detection system is operational and in good repair.
- Use the test button to check each smoke detector once a month. When necessary, replace batteries immediately. Replace all batteries at least once a year. Activate the alarm during at least one drill so children know what it sounds like.
- Vacuum away cobwebs and dust from the smoke detectors monthly.
- Smoke detectors become less sensitive over time. Replace the smoke detectors according to manufacturer instructions.
- Ensure the fire extinguishers are operational and in good working condition. Get training from the fire department in how to use them.

Plan Your Escape Routes

- Develop an escape plan. Determine at least two ways to escape from every room.
- Select a location outside the home where everyone meets after evacuating. Select an alternate place in the event of inclement weather (when children can't meet outside because of rain or cold).
- Practice the evacuation plan at least four times per year. It is important to practice the drill in inclement weather as well. The plan will be different if an emergency occurs in the middle of winter and the children don't have shoes or coats on when they evacuate the home.
- Contact your local fire station to make them aware that a licensed program operates in this location. This will alert them to look for additional children in the event firemen are needed to assist with evacuating the facility.

Evacuate Safely

- Once out of the home, stay out. Call the fire department from a neighboring business or home.
- If there is smoke or fire blocking the first escape route, use the second way out. If exiting through smoke, crawl low under the smoke to the exit.
- If escaping through a closed door, feel the door before opening it. If it is warm, use the second way out.
- If smoke, heat, or flames block the exit routes, stay in the room with the door closed. Signal for help using a bright-colored cloth at the window. If there is a telephone in the room, call the fire department and tell them your location.

DISASTER PREPAREDNESS – ACTS OF TERRORISM

PREPARATION

Finding out from emergency personnel the types of terrorism disasters that can happen in your area is the first step. After determining the events possible and their potential in your community, it is important to discuss them with others in the home. Develop a disaster plan together.

IF DISASTER STRIKES

- ✓ Remain calm and be patient.
- ✓ Follow the advice of local emergency officials.
- ✓ Listen to your radio or television for news and instructions.
- ✓ If the disaster occurs near you, check for injuries. Give first aid and get help for seriously injured people.
- ✓ If the disaster occurs near the facility, check for damage using a flashlight. Do not light matches or candles or turn on electrical switches. Check for fires, fire hazards and other household hazards. Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- ✓ Shut off any other damaged utilities.
- ✓ Confine or secure pets.
- ✓ Call the out of area emergency contact to give instructions they can share—do not use the telephone again unless it is a life-threatening emergency.

Additional Positive Steps

Planning for an emergency can save stress on staff and parents and should include:

- Have a clear evacuation plan that is practiced with the children on a regular basis so children are aware of what that plan is, how to get out and where to meet once outside.
- Have a plan for how you will evacuate children who are not mobile.
- Ensure the meeting place after evacuation takes into consideration winter weather. For example, a plan to meet out by the gate may not be feasible if it is 10 degrees below zero.
- Identify two possible relocation sites – one in the neighborhood and one outside the neighborhood. Make contact with the owners of those facilities to determine their willingness to provide emergency shelter for the staff and children. Determine how to get inside the building, what supplies will be needed, and what responsibilities there are in using that facility.
- Have a plan for emergency transportation if applicable.
- Encourage parents to find alternative care options should the licensed program need to close.
- Ensure all emergency contact information for parents or alternatives is current. Obtain cell phone numbers of parents if applicable.
- Develop a phone tree so parents can be called as quickly as possible.
- Share the emergency plan with parents; including where their children will be located should evacuation of the day care be necessary.
- Share the plan with local emergency responders.

RESOURCES

1. The American Red Cross - website: www.redcross.org
2. The Administration for Children and Families, Office of Child Care in the U.S. Department of Health and Human Services has many resources:
<http://www.acf.hhs.gov/programs/occ/resource/emergency-preparedness-and-response-resources-for-child-care-providers>.

<http://disasterplaybook.org/wp-content/uploads/2015/12/DHHS-Resource-Guide-for-Childcare-Programs.pdf>

THE LICENSING POLICY HANDBOOK

SECTION 6 – ADMINISTRATIVE RULES AND LAWS

The regulations for licensed programs are based in Administrative Rules of South Dakota (ARSD) and the South Dakota Codified Laws (SDCL).

Administrative Rules of South Dakota (ARSD)

A hard copy of the Administrative Rules are provided to each program at initial licensure and annually thereafter. The ARSD can also be found at:

<http://www.sdlegislature.gov/Rules/default.aspx>

The ARSD Chapters pertaining to *Day Care Centers* and *Group Family Day Care Homes* are as follows:

- 67:42:10 Licensed Day Care Programs
- 67:42:11 Environmental Health Standards
- 67:42:16 Scope of Services for Child Care Programs

ARSD Chapters pertaining to *Before and After School Programs* are as follows:

- 67:42:14 Before and After School Programs
- 67:42:11 Environmental Health Standards
- 67:42:16 Scope of Services for Child Care Programs

South Dakota Codified Laws (SDCL)

The primary laws that pertain to care of children and youth are found in Chapter 26-6 of the South Dakota Codified Laws. There are additional laws contained in other Chapters that also pertain to licensed child care programs and before and after school programs. A list of those pertinent laws can be found on the following pages.

All of these laws can also be found in their entirety on the SD website at:

http://sdlegislature.gov/Statutes/Codified_Laws/default.aspx. Click on 'Statute Quick Find' and type in the law number.

South Dakota Codified Laws

Related to the Operation of a Licensed Program

26-6-1. Agencies and institutions defined as child welfare agencies--Department of Social Services.

26-6-1.1. Chapter not applicable to day care services provided by school board for children of enrolled students.

26-6-9. License or registration required for child care or placement by public or private agency--Waiver violation as misdemeanor.

26-6-11. Application for license--Investigation--Issuance--Conditions--Records--Public inspection.

26-6-12. Provisional license authorized.

26-6-13. Duration of licenses--Suspension or revocation--Assignment prohibited--Display or availability for inspection.

26-6-14. Categories of child welfare agency licenses.

26-6-14.1. Family day care defined--Number of children allowed.

26-6-14.2. Registration of family day care homes--Rules--Exemption--Investigation--Duration of registration--Assignment prohibited.

26-6-14.3. Issuance of child welfare license--Criminal record of applicant to be secured--Waiver by applicant--When application denied.

26-6-14.4. Persons to whom criminal record requirement applies.

26-6-14.5. Waiver, fingerprinting, and declaration as condition of employment--Time--Immediate termination of employee.

26-6-14.6. Meaning of conviction--Evidence of conviction.

26-6-14.7. Transfer of criminal record clearance when changing employment.

26-6-14.8. Unregistered family day care defined--Number of children allowed.

26-6-14.9. Submission of employees' names to department--Central registry background checks--Notification to provider--Issuance of certificate.

26-6-14.10. Prohibition of licensure, registration, or operation by person convicted of child abuse or other felony, or whose name appears on registry--Failure to report as misdemeanor.

26-6-14.11. Prohibition of child care by person convicted of child abuse, sex offense, or other felony, or whose name appears on registry--Violation as misdemeanor.

26-6-14.12. Before and after school day care exempt from zoning, uniform building, and safety provisions.

26-6-14.13. Information from another state's central registry or national crime database to be used only for background check for approval of foster or adoptive placement.

26-6-15. Specification in licenses and registration certificates of work authorized.

26-6-15.1. Additional number of children in day care--Staff-to-child ratios.

26-6-15.2. Additional number of children in day care center operating preschool program.

26-6-16. Rules for child care by licensed or registered agencies promulgated by department--Matters included in rules..

26-6-18.1. Establishment and support of day care centers by counties and municipalities.

26-6-18.3. Appropriation for day care centers.

26-6-18.4. Approved programs required for payments to nonprofit organizations--Records and periodic audit.

26-6-18.5. Exemption of program from zoning, building and fire and life safety codes.

26-6-19. Department of Health visitations and inspections.

26-6-20. Records on children in care of agencies--Information confidential.

26-6-20.8. Violation of moneys provisions as cause for revocation of facility's license.

26-6-23. Grounds for revocation or refusal to issue or renew child welfare agency license or registration.

26-6-23.1. Revocation or refusal to issue or renew license or registration for child abuse or violence.

26-6-23.2. Central registry background checks on employees.

26-6-24. Notice of intended revocation or refusal of renewal of license or registration--Hearing on protest--Temporary suspension.

26-6-25. Investigation by department of unlicensed and unregistered operations--Further action by department.

26-6-27. Educational and incidental activities exempt from chapter--State institutions.

LAWS FROM OTHER CHAPTERS THAT PERTAIN TO LICENSED PROGRAMS

25-7A-56. Prohibition against issuance or renewal of professional license, registration, certification, or permit of applicant in child support arrearage--Adoption of rules by state agencies.

26-8A-3. Persons required to report child abuse or neglected child--Intentional failure as misdemeanor.

26-8A-8. Oral report of abuse or neglect--To whom made--Response report.

26-8A-11. Request to amend or remove record--Administrative hearing--Decision.

26-8A-13. Confidentiality of abuse or neglect information--Violation as misdemeanor--Release to certain parties.

32-37-1. Use of system required--Violation as petty offense.

32-37-1.1. Operator to assure that passengers between ages five and eighteen wear seat belts.

34-46-14. Smoking in public or place of employment prohibited--Petty offense.

34-46-16. Inapplicability to private residences unless used for day care.

1-26-29. Notice and hearing required for revocation or suspension of license--Emergency suspension.